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MOSES AN EGYPTIAN [1]

BY
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To deny a people the man whom it praises as the greatest of its sons is not a deed to be undertaken lightly or willingly—especially by one belonging to that people. But no precedent will move me to set aside truth in favour of alleged national interests ; besides—elucidation of the facts in question can reasonably be expected to yield a gain in our understanding of them.

The man Moses, the liberator of his people, who gave them their religion and their laws, belonged to an age so remote that the preliminary question is indicated whether he was an historical person or a legendary figure. If he lived, his time was the thirteenth or fourteenth century B.C. ; we have no other word of him but from the Holy Books and the written traditions of the Jews. Although, therefore, the decision lacks final historical certainty, the great majority of historians have expressed the opinion that Moses did live and that the exodus from Egypt, led by him, did in fact take place. It has been maintained with good reason that the later history of Israel could not be understood if this were not admitted. Science to-day has become much more cautious and deals much more leniently with tradition than it did in the early days of historical investigation.

What first attracts our interest in the person of Moses is his name, which spells Mosche in Hebrew. One may well ask : Where does it come from ? What does it mean ? As is well known, the report in Exodus, Chapter ii, already answers this question. There we learn that the Egyptian princess who saved the babe from the waters of the Nile gave him his name, adding the etymological explanation : Because

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I drew him out of the water. But this explanation is obviously inadequate. 'The biblical interpretation of the name "He that was drawn out of the water"'—thus an author of the *Jüdische Lexicon* [2]—'is folk etymology; the active Hebrew form itself of the name (Mosche can at best mean only "the drawer out") cannot be reconciled with this solution.' This argument can be supported by two further reflections: first, that it is nonsensical to credit an Egyptian princess with a knowledge of Hebrew etymology, and, secondly, that the water from which the child was drawn most probably was not the water of the Nile.

On the other hand the suggestion has been made long ago and by many different people that the name Moses derives from the Egyptian vocabulary. Instead of citing all the authors who have voiced this opinion I shall quote a passage from Breasted's History of Egypt,[3] an author whose work is regarded as authoritative. 'It is important to notice that his name, Moses, was Egyptian. It is simply the Egyptian word "mose" meaning "child," and is an abridgement of a fuller form of such names as "Amen-mose" meaning "Amon-a-child" or "Ptah-mose," meaning "Ptah-a-child," these forms themselves being likewise abbreviations for the complete form "Amon-(has-given)-a-child" or "Ptah-(has-given)-a-child." The abbreviation "child" early became a convenient rapid form for the cumbrous full name, and the name Mose, "child," is not uncommon on the Egyptian monuments. The father of Moses without doubt prefixed to his son's name that of an Egyptian god like Amon or Ptah, and this divine name was gradually lost in current usage, till the boy was called "Mose." (The final *s* is an addition drawn from the Greek translation of the Old Testament. It is not in the Hebrew which has "mosheh").' I have given the passage literally and am by no means prepared to share the responsibility for its details. I am a little astonished, however, that Breasted in citing related names should have passed over the analogous theophoric names in the list of Egyptian kings, such as Ah-mose, Thut-mose (Thotmes) and Ra-mose (Ramses).

It might have been expected that one of the many authors who recognized Moses to be an Egyptian name would have drawn the conclusion, or at least considered the possibility, that the bearer of an Egyptian

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[2] *Jüdisches Lexikon*, founded by Herlitz und Kirschner, Bd. IV., 1930, Jüdischer Verlag, Berlin.

[3] *The Dawn of Conscience*, London, 1934, p. 350.

name was himself an Egyptian. In modern times we have no misgiving in drawing such conclusions, although to-day a person bears two names, not one, and although a change of name or assimilation of it in new conditions cannot be ruled out. So we are not at all surprised to find that the poet Chamisso was of French extraction, Napoleon Buonaparte on the other hand of Italian, and that Benjamin Disraeli was an Italian Jew, as his name would lead us to expect. And such an inference from the name to the race should be more reliable and indeed conclusive in respect of early and primitive times. Nevertheless to the best of my knowledge no historian has drawn this conclusion in the case of Moses, not even one of those who, like Breasted, are ready to suppose that Moses ' was cognizant of all the wisdom of the Egyptians.'[4]

What hindered them from doing so can only be guessed at. Perhaps the awe of biblical tradition was insuperable. Perhaps it seemed monstrous to imagine that the man Moses could have been anything other than a Hebrew. In any event what happened was that the recognition of the name being Egyptian was not a factor in judging the origin of the man Moses, and that nothing further was deduced from it. If the question of the nationality of this great man is considered important, then any new material for answering it must be welcome.

This is what my little essay attempts. It may claim a place in *Imago* because the contribution it brings is an application of psychoanalysis. The considerations thus reached will impress only that minority of readers familiar with analytical reasoning and able to appreciate its conclusions. To them I hope it will appear of significance.

In 1909 Otto Rank, then still under my influence, published at my suggestion a book entitled : *Der Mythus von der Geburt des Helden.*[5] It deals with the fact ' that almost all important civilized peoples have early on woven myths around and glorified in poetry their heroes, mythical kings and princes, founders of religions, of dynasties, empires and cities—in short their national heroes. Especially the history of their birth and of their early years is furnished with phantastic traits ; the amazing similarity, nay, literal identity, of those tales, even if they refer to different, completely independent peoples, sometimes geo-

[4] *Loc. cit.*, p. 334.

[5] Fünftes Heft der *Schriften zur angewandten Seelenkunde*, Fr. Deuticke, Wien. It is far from my mind to depreciate the value of Rank's original contributions to this work.

graphically far removed from one another, is well known and has struck many an investigator.' Following Rank we reconstruct—on the lines of Galton's technique—an ' average myth ' that makes prominent the essential features of all these tales, and we then get this formula.

' The hero is the son of parents of the highest station, most often the son of a king.

' His conception is impeded by difficulties, such as abstinence or temporary sterility ; or else his parents practise intercourse in secret because of prohibitions or other external obstacles. During his mother's pregnancy or earlier an oracle or a dream warns the father of the child's birth as containing grave danger for his safety.

' In consequence the father (or a person representing him) gives orders for the new-born babe to be killed or exposed to extreme danger ; in most cases the babe is placed in a casket and delivered to the waves.

' The child is then saved by animals or poor people, such as shepherds, and suckled by a female animal or woman of humble birth.

' When full grown he rediscovers his noble parents after many strange adventures, wreaks vengeance on his father and, recognized by his people, attains fame and greatness.'

The oldest of the historical personages to whom this myth attaches is Sargon of Agade, the founder of Babylon about 2800 B.C. From the point of view of what interests us here it would perhaps be worth while to reproduce the account ascribed to himself :

' I am Sargon, the mighty king, King of Agade. My mother was a Vestal ; my father I knew not ; while my father's brother dwelt in the mountains. In my town Azupirani—it lies on the banks of Euphrates —my mother, the vestal, conceived me. *Secretly she bore me. She laid me in a basket of sedge,* closed the opening with pitch and *lowered me into the river.* The stream did not drown me, but carried me to Akki, the drawer of water. Akki, the drawer of water, in the goodness of his heart lifted me out of the water. *Akki, the drawer of water, as his own son he brought me up.* Akki, the drawer of water, made me his gardener. When I was a gardener Istar fell in love with me. I became king and for forty-five years I ruled as king.'

The best known names in the series beginning with Sargon of Agade are Moses, Cyrus and Romulus. But besides these Rank has enumerated many other heroes belonging to myth or poetry to whom the same youthful story attaches either in its entirety or in well recognizable parts, such as Œdipus, Karna, Paris, Telephos, Perseus, Heracles, Gilgamesh, Amphion, Zethos and others.

The source and the tendency of such myths are familiar to us through Rank's work. I need only refer to it with a few short hints. A hero is a man who stands up manfully against his father and in the end victoriously overcomes him. The myth in question traces this struggle back to the very dawn of the hero's life, by having him born against his father's will and saved in spite of his father's evil intentions. The exposure in the basket is clearly a symbolical representation of birth ; the basket is the womb, the stream the water at birth. In innumerable dreams the relation of the child to the parents is represented by drawing or saving from the water. When the imagination of a people attaches this myth to a famous personage it is to indicate that he is recognized as a hero, that his life has conformed to the typical plan. The inner source of the myth is the so-called ' family romance ' of the child, in which the son reacts to the change in his inner relationship to his parents, especially that to his father. The child's first years are governed by grandiose over-estimation of his father ; kings and queens in dreams and fairy tales represent, accordingly, always the parents. Later on, under the influence of rivalry and real disappointments, the release from the parents and a critical attitude towards the father sets in. The two families of the myth, the noble as well as the humble one, are therefore both images of his own family as they appear to the child in successive periods of his life.

It is not too much to say that these observations fully explain the similarity as well as the far-spread occurrence of the myth of the birth of the hero. The more interesting is it to find that the myth of Moses' birth and exposure stands apart ; in one essential point it even contradicts the others.

We start with the two families between which the myth has cast the child's fate. We know that analytic interpretation makes them into one family, that the distinction is only a temporal one. In the typical form of the myth the first family, into which the child is born, is a noble and mostly a royal one ; the second family, in which the child grows up, is a humble and degraded one, corresponding with the circumstances to which the interpretation refers. Only in the story of Œdipus is this difference obscured. The babe exposed by one kingly family is brought up by another royal pair. It can hardly be an accident that in this one example there is in the myth itself a glimmer of the original identity of the two families. The social contrast of the two families—meant, as we know, to stress the heroic nature of a great

man—affords a second function to our myth, which becomes especially significant with historical personages. It can also be used to provide for our hero a patent of nobility to elevate him to a higher social rank. Thus Cyrus is for the Medes an alien conqueror ; by way of the exposure myth he becomes the grandson of their king. A similar trait occurs in the myth of Romulus ; if such a man ever lived he must have been an unknown adventurer, an upstart ; the myth makes him a descendant of, and heir to, the royal house of Alba Longa.

It is very different in the case of Moses. Here the first family—usually so distinguished—is modest enough. He is the child of Jewish Levites. But the second family—the humble one in which as a rule heroes are brought up—is replaced by the Royal house of Egypt ; the princess brings him up as her own son. This divergence from the usual type has struck many research workers as strange. Ed. Meyer and others after him supposed the original form of the myth to have been different. Pharaoh had been warned by a prophetic dream [6] that his daughter's son would become a danger to him and his kingdom. This is why he has the child delivered to the waters of the Nile shortly after his birth. But the child is saved by Jewish people and brought up as their own. 'National motives' in Rank's terminology [7] had transformed the myth into the form now known by us.

However, further thought tells us that an original Moses myth of this kind, one not diverging from other birth myths, could not have existed. For the legend is either of Egyptian or of Jewish origin. The first supposition may be excluded. The Egyptians had no motive to glorify Moses ; to them he was not a hero. So the legend should have originated among the Jewish people ; that is to say, it was attached in the usual version to the person of their leader. But for that purpose it was entirely unfitted ; what good is a legend to a people that makes their hero into an alien ?

The Moses myth as we know it to-day lags sadly behind its secret motives. If Moses is not of royal lineage our legend cannot make him into a hero ; if he remains a Jew it has done nothing to raise his status. Only one small feature of the whole myth remains effective : the assurance that the babe survived in spite of strong outside forces to the contrary. This feature is repeated in the early history of Jesus, where King Herod assumes the rôle of Pharaoh. So we really have a

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[6] Also mentioned in Flavius Josephus's narration.

[7] *Loc. cit.*, p. 80, footnote.

right to assume that in a later and rather clumsy treatment of the legendary material the adapter saw fit to equip his hero Moses with certain features appertaining to the classical exposure myths characteristic of a hero, and yet unsuited to Moses by reason of the special circumstances.

With this unsatisfactory and even uncertain result our investigation would have to end, without having contributed anything to answering the question whether Moses was Egyptian, were there not another and perhaps more successful way of approaching the exposure myth itself.

Let us return to the two families in the myth. As we know, on the level of analytic interpretation they are identical. On a mythical level they are distinguished as the noble and the humble family. With an historical person to whom the myth has become attached there is, however, a third level, that of reality. One of the families is the real one, the one into which the great man was really born and where he was brought up. The other is fictitious, invented by the myth in pursuance of its own motives. As a rule the real family corresponds with the humble one, the noble family with the fictitious one. In the case of Moses something seemed to be different. And here the new point of view may perhaps bring some illumination. It is that the first family, the one from which the babe is exposed to danger, is in all comparable cases the fictitious one; the second family, however, by which the hero is adopted and in which he grows up is his real one. If we have the courage to accept this statement as a general truth to which the Moses legend is also subject, then we suddenly see our way clear. Moses is an Egyptian—probably of noble origin—whom the myth undertakes to transform into a Jew. And that would be our conclusion! The exposure in the water was in its right place; to fit the new conclusion the intention had to be changed, not without violence. From a means of getting rid of the child it becomes a means of its salvation; the deliverance become a delivery.

The divergence of the Moses legend from all others of its kind could be traced back to a special feature in the story of Moses' life. Whereas in all other cases the hero rises above the humble beginnings as his life progresses, the heroic life of the man Moses began by descending from his eminence to the level of the children of Israel.

This little investigation was undertaken in the hope of gaining from it a second, fresh argument for the suggestion that Moses was an Egyptian. We have seen that the first argument, that of his name,

has not been considered decisive.[8] We have to be prepared for the new reasoning—the analysis of the exposure myth—not faring any better. The objections are likely to be that the circumstances of the origin and transformation of legends are not transparent enough to allow of such a conclusion as the preceding one, or that all efforts to extract the kernel of historical truth must be doomed to failure in face of the incoherence and contradictions clustering around the heroic person of Moses and the unmistakable signs of tendentious distortion and stratification accumulated through many centuries. I myself do not share this negative attitude, but I am not in a position to confute it.

If there was no more certainty than this to be attained why have I brought this enquiry to the notice of a wider public? I regret that also my justification has to restrict itself to hints. If indeed one is drawn by the two arguments outlined above, and tries to take seriously the conclusions that Moses was a distinguished Egyptian, then very interesting and far-reaching perspectives open out. With the help of certain assumptions the motives guiding Moses in his unusual undertaking can be made intelligible; in close connection with this the possible motivation of numerous characteristics and peculiarities of the legislation and religion he gave the Jewish people can be perceived. It stimulates momentous ideas concerning the origin of monotheistic religion in general. But such important explications cannot be based on psychological probabilities alone. Even if one were to accept it as historical that Moses was Egyptian, we should want at least one other fixed point so as to protect the rich number of emerging possibilities from the reproach of their being a product of imagination and too far removed from reality. An objective proof of the period into which the life of Moses, and with it the exodus from Egypt, falls would perhaps have sufficed. But this has not been forthcoming, and therefore it will be better to suppress any inferences that might follow our view that Moses was an Egyptian.

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[8] Thus Ed. Meyer in *Die Mosessagen und die Leviten*, Berliner Sitzber. 1905: 'The name Mose is probably the name Pinchas in the priest dynasty of Silo . . . without a doubt Egyptian. This does not prove however that these dynasties were of Egyptian origin, but it proves that they had relations with Egypt.' (p. 651.) One may well ask what kind of relations one is to imagine.

DEVELOPMENT OF AWARENESS OF TRANSFERENCE IN A MARKEDLY DETACHED PERSONALITY

BY

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The successful analysis of markedly narcissistic personalities is still sufficiently infrequent to justify the reporting of facts and factors pertaining to any positive results obtained. In general, the obstacle encountered in analysing a narcissistic individual is the problem of obtaining a relationship in which the transference is sufficiently positive to make some form of interpersonal relationship possible. One encounters usually either a marked overt hostility or a detachment. The case for consideration in this paper is one in which detachment was the presenting attitude. To avoid any confusion let us first define detachment. The term is used here to describe a situation in which the patient is apparently unaware of any personal emotional contact with other human beings. He is an onlooker at life. When it is necessary for him to have a relationship with another human being, he either conducts this relationship as coldly as if it were an unimportant business transaction, or he goes through the motions of social graciousness or friendliness without having the slightest feelings corresponding to the behaviour or, if the detachment is extreme, as in some schizophrenic states, even these efforts at communication may be given up.

It is the purpose of this paper to present a study of a five-year analysis of a detached personality of the cold impersonal type who only occasionally was able to go through the motions of social graciousness. The analysis will be studied chiefly as it found expression in the transference. Beginning with apparently total absence of transference the evolution of an awareness of its existence as subjectively experienced by the patient will be traced.

Although this may seem at first thought to be a very one-sided view of a case, it will be seen on further consideration to be a direct attack upon the presenting symptom, detachment. Since his chief difficulty lay in his efforts to make contact with other people, it seems reasonable to expect to find in a study of the actual difficulties encountered in making contact with the analyst an understanding of the detachment and the cure.

The word transference is such a familiar term that one is often in

danger of using it carelessly—for instance, applying it to any attitude a patient has towards an analyst. Since such a loosely defined use of the word would create confusion in this paper, a more limited definition of the term is used. It is recognized that, theoretically at least, a patient may have one or the other of two extreme types of attitude to the analyst. That is, he may have an attitude based entirely on reality in which he evaluated the analyst simply for what he is in terms of the actual environment, in as far as such a thing can be judged. Let us say an individual, analyst or otherwise, has certain traits or attitudes characteristic of his or her personality in encountering another individual dependent upon him. Although it is difficult to establish the objective existence of these traits, one can approximate it by taking characteristics which a group of disinterested acquaintances would agree upon. If a patient reacts to an analyst simply as he would to any person having these traits, one would say his reaction to the analyst was a ' reality ' reaction. Or the patient may react in quite the opposite way ; that is, irrationally, finding in the analyst characteristics which no disinterested group of observers would corroborate. Such a reaction, it has been well established by analysis, would come from the patient's own past or his own life situation. This is real transference and is the only sense in which the term is used in this paper. The attitude of the average patient in analysis shews a mixture of these two extremes ; i.e. some ability to judge the analyst in reality mixed with much irrational evaluation.

In most patients it is apparent to both patient and analyst from early days of the analysis that a transference in the above defined sense exists ; i.e. that certain attitudes and feelings are attached to the analyst which do not belong to him as an individual in ordinary life.

With the detached personality one of the most remarkable characteristics of the analysis is the apparent absence of this transference evaluation of the analyst. He seems from the beginning to accept the analyst on a reality basis—that is, he says in effect ' this is a business transaction. You are my doctor. It is your duty to help me. I expect that from you but nothing more '. However, the case under consideration shews that this apparent attitude is not the real attitude of the patient, that the impersonal manner is a symptom concealing strong unconscious transference attitudes relating to the patient's personality and past life. These can be best traced by a study of the case.

The patient was a young man of nineteen at the beginning of analysis. He was the youngest of four children, an unwanted child according to his mother's own statement to him. Following his birth his mother had a nervous breakdown and during the first year of his life he had little contact with her. He was a problem from the beginning. He was very ill when cutting his teeth and did not walk until he was four years old. Before he was six he had had two operations, a tonsillectomy and an operation for a slight physical deformity. During his illness with his teeth it was not possible for his mother to come into his room without his screaming. He was, however, very much attached to his nurse, so much so that, when she was sent away when he was five, he went on a hunger strike for eight days and the nurse was returned. His mother feared he was feeble-minded, for not only did he have difficulty learning but he looked like an idiot, having a blank facial expression with open mouth, hanging tongue, and choreiform movements. The doctor's report was that he was not an idiot but a genius. His mother clutched at this straw and set energetically to work to make him a genius in some art—all to no avail. The more she tried to encourage him the worse he did, although he was apparently trying very hard all the time. In spite of all this he looked back on the first six years of his life as very happy compared with what followed.

When he began school, his neurosis broke out in acute form. It is probable that the other children made fun of him, and this, added to his difficulty in learning and his timidity in attempting anything new, produced acute anxiety. Each day he went through a struggle with himself to try to stay at school, but by noon he would be in such distress that the teacher would send him home. As he approached home, his anxiety would mount and it always took the form of fearing a doctor would be waiting to operate on him. When he saw his mother, he would be reassured and gradually feel better, only to go through the whole thing again the next day. So the idea of a formal education was given up and his mother began to work even harder on the genius idea and took him abroad, where he continued to be miserable. His one longing was to be a regular fellow and he couldn't find out how it was done. During the years when his suffering was most acute, he felt his mother was very kind to him, but as he grew older he began to feel hatred for her. His father did not seem to figure in his life at all. He apparently paid very little attention to the children and seemed to be completely under the mother's influence. The patient despised and ignored him. Thus the patient grew up feeling hostile

to his parents and not a part of the group with the other children. Of course, he had no success in adolescence in making friends with either sex. He lived in his phantasy life and struggled with masturbation. He had always had very vivid phantasies. He peopled the inanimate world with life. For instance, as a child, he thought the fence posts at night came out of the ground and went jumping around doing as they pleased. He thought boxes and balls and stones had feeling. He would weep at a ball being thrown because no one had asked the ball's consent. In short, he felt sad for his own troubles as he saw them projected into inanimate objects. He was the inanimate object dragged about Europe at his mother's whim and made to study things that didn't interest him.

At seventeen he met an older woman who was especially kind to him. Suddenly the world changed—he fell in love. He wanted to stay with her and be like a son, but there was no possibility and it was actually the day before he was to sail for Europe with his mother on one of her numerous jaunts. He tried frantically to find a way of escape but could think of none. Even as the ship was going out of the harbour he played with the idea of jumping overboard and swimming ashore. For about four days he was thoroughly roused from his usual lethargic disinterest and was acutely miserable—then he had a nightmare in which the walls of his room were closing in on him, and suddenly he was ' dead ' again. He had one last attack of feeling soon after he landed in Europe. He and his family were sitting in a café and his mother was teasing him in a belittling contemptuous way that she apparently used with everyone. Suddenly he was consumed with rage and with difficulty kept from rising and striking her in the face. This frightened him and from that moment all feeling died, but he kept hoping that when he returned to America he would come to life again, when he met again his new found friend, the motherly woman. However, when the time at last came and he saw her once more, he found himself still dead and shut off from her also. Soon after that he began analysis on her advice.

The initial impression made by the patient was one of snobbish somewhat contemptuous condescension. There were numerous tics and restless jerkings of face, arms, and legs. Otherwise, he gave the impression of repellent coldness. His handshake was lifeless, his voice without resonance. He seemed bored—he often succeeded in making the analyst feel bored. He described his condition subjectively as being without feeling, as being ' dead '. This general picture persisted

until the fifth year of the analysis with the exception that the tics and jerkings disappeared almost completely by the end of the second year.

During the first year of the analysis he did not seem to know that the analyst existed as an individual. He came to the hour meticulously on time, talked steadily and unemotionally as if he were working on a mathematical problem which must be solved but was of no great importance to him. Once, a few months after he had started, he met the analyst on the street and did not recognize her, shewing how little attention he had paid to her actual existence. In searching carefully in the daily conversations and attitudes for some sign of emotional rapport with the analyst, one found a few hopeful indications. For example, if he was asked to come at a different hour than usual, he often felt vague anxiety which he tried to keep from realizing and in the process often made a mistake about the changed hour, coming too early or late or forgetting it altogether. Much later it was learned that changing the hour made it necessary to think about being analysed. When he came at a definite hour and it was part of the day's routine, it was more possible to ignore its importance. In brief, no transference attitude was present in the patient's awareness. The question arose in the analyst's mind—is it possible that by some means this patient has a purely objective attitude towards himself and his problems, and that the analyst actually only exists as a means to an end. That was certainly the patient's conscious evaluation of the situation. However, evidences soon began to appear which made it clear to the analyst, but not to the patient, that a group of irrational attitudes did exist and that they were influencing the patient's behaviour without his awareness. The most important evidences were the dreams which were numerous and detailed but repudiated by him as having no significance. They were reported by him in the interest of fair play. If dreams were supposed to be important, he would at least tell them, but any attempt to get him to talk about them met again with apparent indifference. Thus a great deal of data about the patient was presented to the analyst, but the patient's attitude made it impossible to make any direct communication with him on the matters presented. Very early in these dreams a figure appeared which symbolized a mother. The general idea was of an older woman beneath him socially or intellectually who had a destructive attitude towards him. She wanted to use him for something; e.g. social climbing or sexual purposes. He was to be her victim in some way. This picture appeared over and over in many

forms, but the patient rejected first the idea that the dream might in any way explain him and secondly, if it did relate to him, that it could have anything to do with his feelings about reality.

Another evidence of the existence of an irrational attitude was presented to the analyst in the patient's reaction to meeting her socially in a large group on a few occasions. Each time he reported surprise saying that she was not herself. He spoke of her artificial behaviour in pretending good fellowship which he was convinced she did not feel. His idea seemed to be that the analyst was as detached as himself and that she only acted as if she liked people. In short, an irrational transference attitude did exist towards the analyst almost from the beginning. According to it the analyst was hostile, destructive and seeking to do him harm. Obviously, such a concept, if it had come into the patient's awareness, would have produced unbearable fear or rage and probably broken up the analysis.

It was therefore necessary to abandon all attempts at interpretation of the relationship and wait for an opportunity to help him become aware of his suspicious attitude. During the first two years one related emotion did come more and more to his awareness and that was his hatred of his mother. It was not many months before it became apparent that most of the patient's waking life was occupied in phantasy. Two types predominated. In one he was a very clever murderer and the victim was usually his mother. In the other type, usually a masturbation phantasy, he was being destroyed by a woman. As he thought of these, he often smiled ' insanely ' (his word) as he walked along the street. It was found also that most of his choreiform movements were connected with these phantasies and they actually disappeared when this was realized. He shewed more willingness to accept these phantasies as in some way expressing him than he had his dreams. However, they were dissociated from his life. When with his mother in reality he was a devoted son and handled her more diplomatically than his sisters or brother did, except that he would always absent-mindedly do something to exasperate her to his great surprise.

To summarize briefly after two years of analysis the relationship of analyst and patient seemed outwardly unchanged. The attitude of aloof detachment persisted, but certain other changes had taken place; i.e. choreiform movements had practically disappeared coincident with discussion of murder phantasies. The patient had also had his first sexual experience which, however, like everything else,

seemed to make very little impression on his life. The affair was with an older woman for whom his chief feeling was contempt. He had no difficulties with potency, but he had no pleasure, and since she seduced him he felt no obligations. His only interest was in ending his virginity. In other respects he remained detached and the affair died of inanition.

It is impossible to give all the steps by which a change gradually took place. Perhaps time itself was an important factor. For two years the patient maintained the unconscious attitude that the analyst was dangerous and intended to do him harm in the face of daily proofs to the contrary. The daily test of reality must have done a great deal to undermine the suspicion. However, living as it were in an emotional vacuum in which he made comparatively few important contacts with other people, proof that a change had taken place remained lacking, and there was nothing to force awareness on the patient. He had made two or three tentative attempts to be friendly with girls, but on the slightest suspicion that a rebuff might be expected he had withdrawn.

Out of a life so sterile in interpersonal relations it is possible to find only three events in the course of the next three years which served as crystallizing points dramatically making the patient conscious that his relationship to human beings had changed, and that especially his most important relationship that to the analyst in the first place existed and secondly had changed.

The first situation which brought the transference relationship acutely to his consciousness occurred at about the end of the second year of analysis and was his first rebuff from a girl. He had been interested in the young woman for a few weeks and had apparently received some encouragement. Screwing up his courage, he attempted to kiss her, whereupon the young woman turned on him and professed to be furious at his insolence. The patient's reaction to this was not regret at loss of the girl or feeling of being humiliated in her eyes, but fear of the analyst's disapproval. He came to his hour in obvious distress and anxiety, apparently expecting scolding and contempt. The situation was the more amazing because of the consistent maintenance of aloofness towards the analyst until that time. Perspiring and frightened he told of his ' mistake '. When the analyst said ' She certainly gave you reason to think that that was what she wanted ', a most unexpected transformation came over the patient. The long-sustained unconscious belief in the analyst's hostility was shattered. For the first time in his life he had committed a social error, admitted it and not been blamed for it. But more important, in shattering his

belief in the analyst's hostility, he for the first time became aware that he had believed it, and also he for the first time became aware that he cared what she thought of him. For about two weeks he was almost happy and had a little hope that he would get well.

Then *conscious* suspicion of the analyst began to appear. He began to wonder whether she had just been comforting him, as part of her technique, or was she trying to get him in her power. She was probably abnormal using her patients for some destructive purpose ; i.e. he was connecting some of his former phantasy material to the analyst. He wondered if some physical blemish, such as he has, was attractive to her or did she resent men's having genitals and want to cut them off. He was able to say these things to the analyst but they were merely words, that is, they were not accompanied by any suitable affect. In other words, he knew now that he was suspicious of the analyst, but he did not feel it, and he did not know at all that he was struggling against submitting blindly to the analyst, that it had become dangerous to have feelings for her now because he wanted her approval so much. Some signs of this were his annoyance when she answered the telephone during his hour. Although he was seldom interrupted by this, he said one day that he thought she must tell all her friends to call up during his hour because he didn't matter. Another evidence of his fear that he could not win the analyst's approval was shewn in his frequent handling of the hour. He would come giving the impression of bursting to tell things, would talk animatedly for about twenty minutes then ' go dead ', feel he had said nothing important and would never get anywhere. It gradually appeared that these twenty-minute talks were labours of love, thought out while he was alone. When away from the analyst, he could think of her with affection and at such times thoughts came crowding to tell her. He tried to bring the thoughts and feelings to analysis but he ' went dead ' in the actual situation. The struggle against realizing his liking and recognizing his dependence on the analyst went on for another two years.

Twice in this period briefly for a few days he was aware of feeling toward and reaction to the analyst. The rest of the time he continued to feel dead.

The first occasion for feeling was when the analyst had just received word of the death of a very important friend just prior to the patient's hour. He was surprised and touched that the analyst dared shew her grief unashamed to him. He felt kindly towards her because of this.

The second attack of feeling was about a year later. The patient

preceding him had carelessly flung his coat over three hooks instead of one in the closet ' as if he were perfectly at home '. The patient, who is the subject of this paper, was suddenly consumed with rage when he saw it and felt a strong impulse to fling the other patient's coat on the floor. The intensity of his own reaction surprised him and made him realize that he felt he must never take any liberties, because he still felt very uncertain of the analyst's approval.

Still no lasting feeling of being in contact with the analyst or anyone came until the fifth year. The final disappearance of his detachment came by the same dramatic sudden breaking through of feeling as on the other occasions. The precipitating cause was a mistake on the analyst's part. She was caught napping. The patient was talking of an important childhood experience. The analyst believed it was being told for the first time and indicated her interest in it as new data. The patient became pale, began to sweat and a look of terror came into his face as he said ' Do you mean to say you don't remember my mentioning this before, I've talked about it at least three times '. This statement was probably true, for subsequent study of the notes has shewn that it had been recorded once before. The patient went on to say that probably the analyst never listened to him, that that was why he couldn't get well and how had he been so foolish as to trust his life to such a person. He became physically ill with fever, diarrhœa, and vomiting lasting for twenty-four hours. His worst fear had been realized, he was too unimportant even to be listened to, and it mattered to him. He knew now definitely that he cared tremendously for the analyst's approval. But the humiliation was not all on his side—he saw now that she was a bad analyst not only incompetent but ' criminally negligent '. He realized that whatever doubts he had had of her as a person he had nursed the illusion that she was the most perfect analyst in the world. All of his disillusionment came out with very beneficial results. In the first place he had faced his worst fear ; i.e. that he was of no importance to the analyst ; secondly, he had been able to react to this with a great deal of rage and fear without disastrous consequences, and finally, he had corrected his idea of the relationship to the analyst and accepted something closer to reality. On the first occasion in her attitude about his attempt to kiss the girl he had found her better than his transference picture of her. This had led to an unconscious tendency to over-value her and desire her love. This time he had to correct the picture in the opposite direction, to realize that he was dealing with a fallible human relationship. The

result of all this was that he became more aggressive and less dependent on the analysis and the most important unconscious material, his conviction of being defective, came out. At this time his attitude towards other people changed noticeably and his acquaintances began to comment on his improvement. But he still hesitated as always to believe in his own progress until the third crystallizing event, evidence of his family's change of attitude towards him, made him realize that he had noticeably changed and that he could get along without the analyst. This event was his sister's seeking his advice about a step she purposed to take in the face of the mother's disapproval. She seemed very grateful for his understanding and support. To have his advice sought by a member of his family was in itself an unheard of experience, and to find a member of his family ready to risk his mother's displeasure seemed to confirm the reality of his own emancipation. In some way he had symbolically declared his own independence and been recognized by a member of his family as an individual. The end of his analysis came rapidly after that, and with it very definite success in contacts with other people, including a successful love affair. He did not 'go dead' again. The change of personality was marked. From a cold repelling contemptuous person he became eager, friendly, and animated. He was able to express annoyance directly to his mother in response to one of her jibes and found that, instead of producing anger in her as he expected, she was pleased. So, in a way, she had accepted him at last.

In this case the chief obstacle to insight and recovery was detachment. When it was proved through a long testing process that it was safe to remove the insulation of detachment in the presence of another human being, development became possible. The detachment kept the patient's whole life in a state of suspension, and this was necessary because of fear of what might happen if any change were made. To feel meant to face some disaster or to be destroyed. The disaster in this case seems to have been that of finding confirmation of his fear that he was unutterably unacceptable and unlovable. Rather than face that possibility, he would accept life in an emotional vacuum where at least he was tolerated. Human contacts had become too dangerous to be endured because of his fear of the hostility of others and of his own resultant hostility. Under the conviction of the hostility of others was the fundamental fear that he was hated for good reason because he was physically or mentally defective. He was not like other people and therefore there was no place for him. He was completely unacceptable and therefore could only be tolerated if he

made no claims and never became angry. On this basis, if a person seemed to like him, he became suspicious that the person had an ulterior motive and that he was simply fair prey for the carrying out of destructive interests. His detachment was at bottom an expression of the attitude of the crippled or defective (although he is actually neither) who fears that the impulse of his fellow-man is to destroy him. This conviction that he had an incurable defect grew out of the real fears that his parents had, due to his learning difficulty—fears of which he often heard hints in his childhood in the conversation of his parents.

In brief, the transference development was as follows. He began the analysis with a set of ideas about the analyst taken almost bodily from past relationships in his life and corresponding to the real personality of the analyst in very few respects. This set of ideas was not present in his awareness. The first alteration of this attitude which at the same time made the attitude conscious came as a result of finding the analyst in reality less hostile than he had assumed ; that is, she did not blame him for the girl's having rebuffed him.

His hidden reaction to this step was a growth of positive feeling for the analyst, but this was covered by increased and more conscious suspicion. This second period was brought to a conclusion by finding that he was not as important to the analyst as he had unconsciously hoped and that she was not perfect herself. The episode which brought this to light made him aware that an irrational attitude had been existing in him without his knowledge and again enabled him to correct his relationship in terms of reality. There remained, then, only one important set of ideas from his original transference picture to be corrected and it related to the feeling that he could not leave the analyst. In as far as it was a conscious idea it took the form of believing he was too sick ever to get along alone. The conversation with his sister gave him confidence and her declaration of independence from the mother gave him the impetus to defy mothers and mother substitutes. When he demanded his independence from the analyst, he became aware of one more important misconception ; i.e. that he expected her to object. On the contrary, he found that the analyst was doing nothing to prevent his freedom, that she did not want to keep him for her own purposes. With this misconception out of the way the correction of transference ideas by reality was for all practical purposes at an end, and the patient had succeeded in accepting another person and feeling accepted himself on a reality basis. The detachment had vanished and he was able to have a feeling attitude to other people.

THE MODE OF OPERATION OF PSYCHO-ANALYTIC THERAPY [1]

BY

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All forms of psychotherapy are based on the spontaneous tendencies to self-cure active in every individual. The differences in the various methods arise from their each making use of different tendencies to self-cure and to guiding and correcting these in different ways.

The psychotherapist is able temporarily to take the place of the super-ego because he brings about a situation in which he alone offers protection against anxiety. In hypnosis, for example, the childhood-conditions of sleeping are reinstated and thus the *pavor nocturnus* which is never absent in childhood is revived. The hypnotist takes upon himself the rôle of the parents who alone offered protection against the imaginary fears of the night. This protection is purchased at the expense of complete submission, which is masochistically libidinized.

If the psychotherapist is content to bind the anxiety in the relation to himself, the neurosis will become manifest once more after this is broken off. He will only achieve more permanent results if he uses his power to effect an alteration in the psychic economy, for example, by enabling the patient to exchange his symptoms for others of a less disturbing nature or by offering him suitable means for mastering anxiety and guilt. The processes of cure on these lines exploit obsessional-neurotic and phobic mechanisms.

The psychotherapist can furthermore intervene in the struggle for repression and strive to secure a better adaptation by suppression of the symptoms or more successful repression of the instinctual trends causing the conflict. He can also try to decide the conflict in favour of greater instinctual freedom, either by encouraging the spontaneous tendency towards abreaction and projection (by stimulating free expression in phantasy, speech and play, or by means of the cathartic method, etc.) or by tolerating forbidden instinctual trends. This can be attained directly by sanctioning trends which, although conscious,

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[1] Read before the Thirteenth International Psycho-Analytical Congress, Lucerne, August 31, 1934.

are condemned and represent derivatives of more deeply repressed impulses.

But the core of the unconscious cannot be much influenced in this way. Indirectly it is possible to sanction preconscious trends in a more or less disguised form by means of jokes, comparisons, fairy-tales, etc. ; but this will only be successful when the tendency in question stands in a closer relation to the ego and the struggle for its repression is still undecided. Whereas the analyst makes systematic efforts to rebuild the bridges of association which have been demolished by repression, thus overcoming the patient's resistances and penetrating into the depths, a good psychotherapist will intuitively guess such association bridges and use them in loosening repression.

All such psychotherapeutic measures (symptom-analysis among them) rely on the authority of the therapist in seeking to loosen repression, and this tendency is in line with the aim of analysis, but differs from it in that it evades analysis of the resistances and transference-situation. This marks the limits of the efficacy of these methods ; they may only advance so far forward as is compatible with not arousing resistance, whether this be expressed in refusing the treatment, or by anxiety or an exacerbation of the condition. I think it unlikely that, unless we effect a real modification in the super-ego by means of a deep-going analysis, we can give instinctual freedom in one direction without being forced to reconcile the super-ego by increased suppression of instinct in other fields.[2]

The constant drive towards free association has its source in the striving to diminish internal tension by projecting ' painful ' excitations into the external world. As we know,[3] underlying projection is the tendency to rid oneself of bad things. But the wish to give something good to the people one loves in my view furnishes an additional motive, one we see expressed most clearly of all in artistic work, talking, etc., and, in analysis, in the wish to please the analyst. In defæcation, the physiological prototype of projection, both these tendencies can be plainly observed.

There is always a drive towards free association, but this is inhibited by reality. In play, jokes, day-dreaming, and in analysis, forbidden trends are allowed a certain degree of expression, because here they are regarded as unreal and so they evoke less anxiety and sense of

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[2] See in greater detail pp. 318, 319.

[3] Freud, ' Instincts and Their Vicissitudes ', *Collected Papers*, Vol. IV.

guilt. However, the limits set to free association by the super-ego can only be annulled by means of interpretation.

Interpretation enables the ego to accept trends which, although repressed, are near to consciousness and thus it brings about an alleviation by reason of the saving in expenditure of energy on repression. It is in this that its *economic* action consists. The saving in expenditure on repression and tension produced by interpretation can give much the same pleasure as a witty remark.[4] This view of mine differs from that of Tausk,[5] who regards the pleasure as the cause and not the effect of abrogating repression.

The topographical aspect of the process of interpretation has been described by Freud.[6] The unconscious becomes conscious through the associated preconscious connecting-links, and especially with the help of verbal images. By linking together ideas and affects, past and present, reality and phantasy, the most heterogeneous ideational content and tendencies, interpretation counteracts the obsessional-neurotic mechanisms of isolation and enables the spontaneous tendencies in the mind towards synthesis [7] to operate with greater freedom. The association-bridges demolished by repression are re-built,[8] but new bridges also are constructed. In this way, analysis subserves the development of the preconscious. This process is of great therapeutic significance. Unconscious trends can only succeed in becoming conscious after passing through the preconscious ; if they enter consciousness without the mediation of the preconscious, as happens in psychosis, they are felt to be intolerable. Emotions [9] constitute one direct link between consciousness and the unconscious and symbolism is another. For this reason, symbolic interpretations which are associated with feelings offer a direct approach to the unconscious, and are especially valuable with patients in whom the preconscious has only developed imperfectly (young children, psychotics).

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[4] Freud, *Der Witz und seine Beziehung zum Unbewusstem.*

[5] Tausk, ' Compensation as a Means of Discounting the Motive of Repression ', this JOURNAL, Vol. V, 1924.

[6] Freud, *The Ego and the Id.*

[7] Freud, *The Ego and the Id.* Nunberg, ' The Synthetic Function of the Ego ', this JOURNAL, Vol. XII, 1931.

[8] Sachs, ' Metapsychologische Gesichtspunkte zwischen Theorie und Technik in der Psychoanalyse ', *Internationale Zeitschrift für Psychoanalyse*, Vol. XI, 1925.

[9] Freud, *The Ego and the Id.*

Dynamically the effect of interpretation is to strengthen both the opposing forces and so to bring about a defusion of instinct. For example, in response to an interpretation of his enuresis in terms of tendencies to cleanse and to defile, a small boy reacted by developing a transitory phase of washing-mania and incontinence. The transitory defusion makes a displacement of instinctual energy possible and forms the necessary condition for a modification of the instinctual impulses and consequently for any deeper change. Only as a result of libido being withdrawn from symptoms and character-traits which were previously ego-syntonic can these be objectified and set in contrast to the ego ; thus the secondary gain from illness is cancelled. This displacement of libido is regulated by the patient's ego which, however, is itself extensively modified as a result of the process. The ego would place the libido at the disposal of ego-syntonic interests and tries here to keep simultaneously in mind the ego-ideal, the values held by the environment, the demands of reality and the pressure of instinct. It will succeed in this the more anxiety is reduced and compulsive libidinization abolished in consequence.

Ferenczi's active therapy, not content with the transitory defusion obtained by interpretative work, seeks to intensify and accelerate this by means of ' active measures '. A defusion of instinct which is too intense has the disadvantage that the transitory symptoms, and in particular anxiety, emerge in an explosive form and result in more violent ' acting-out '. But it can also bring about increased repression, for if the ' dosage ' of the unconscious impulses now activated is too great, so that they become insupportable, the patient will defend himself against them by repression.

The dangers of analytic therapy lie in a defusion of instinct which proceeds too far, and this is especially true of patients who have only achieved an unstable fusion (latent psychoses). The transitory defusion results in the emergence of transitory symptoms and anxiety, and also of the transference-neurosis.[10]

The tendency constantly to attach infantile impulses to particular persons, to ' transfer ' them, can develop with more freedom in the

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[10] I hold that there also exists outside the analytic situation a spontaneous tendency towards defusion (and fusion) of instincts, which increases or decreases under certain circumstances, external or internal, and is responsible for such phenomena as normal regression and progression, the appearance of anxiety, etc.

refuge from reality which the analytic situation provides. This process is, moreover, intensified by a part of the impulses liberated as a result of the instinctual defusion being projected on to the analyst. That is the reason why analysis of the transference-situation offers such a good approach to the unconscious.

Resistance coincides with the original hate-tendencies which are now directed towards the analyst, reinforced as they are by the super-ego's defences. The analysis of resistances is the ultimate instrument in moderating the super-ego. The transference-neurosis arises through the transference-situation being utilized for the purpose of mastering anxiety, much as were previously the neurotic symptoms, which it can therefore replace.

The transference-situation amalgamates a phantasied and a real situation. The former comes about through projection of the unconscious impulses and anxieties liberated as a result of the defusion. The latter is determined by the perceptions at which the patient—consciously or unconsciously—arrives in relation to the analyst, and by his reaction to these. The analyst is not simply a shadow or a reflection, but a human being. And this too is not without its therapeutic significance. In analysis, the patient lives through affects and conflicts which failed to become conscious in childhood or were repressed because they were intolerable. He is able to endure them in analysis, because he lives them through by slow degrees in a more diluted form, so to say, and is able to fall back on the personal relationship to the analyst. The more the patient is able to see in the analyst a substitute for loved imagos, the easier it will be for him to give up his mechanisms of defence. By this means interpretations are given a deeper effect. A prerequisite for the effectiveness of interpretations is a measure of confidence, however slight, in the analyst, which then increases as the analysis goes forward and the negative transference is reduced.

The analyst breaks through the vicious circle of projection by making sadistic impulses conscious, and by meeting them with understanding and not retaliating; he thus effects a libidinization of the super-ego, and through identification, of aggression as well.[11] But the analysis will only have this effect if the patient feels that the analyst

[11] This is explained in greater detail in my paper: 'The Psycho-Analysis of Asocial Children and Adolescents', this JOURNAL, Vol. XVI, 1935.

regards him not simply as a theoretical proposition, but as a human being, and furthermore, that the analyst is free from feelings of anxiety and hatred towards him, that he is able to tolerate unconscious phantasies without anxiety, and believes in the power of analysis to cure. The freeing of libido, the reduction of anxiety and of obsessional-neurotic isolation-mechanisms, and the encouragement derived from favourable experiences with the analyst reinforce the tendencies towards introjection of the outer world. The increased capacity to react favourably to favourable influences is also a weighty factor for the aftermath of analysis, and explains the greater significance of partial successes where children are concerned.

In analysis, libido is contributed on the part of the analyst, and the improved capacity for introjection results in its being absorbed in stronger quantities from the external world. Besides this, libido is set free by lifting repression and by bringing about a defusion of instinct. It is then placed at the disposal of the synthetic function and applied in libidinizing anxiety, the super-ego, and aggression as well as in promoting direct gratification of instinct and sublimation.

Inasmuch as the super-ego is a part of the mental apparatus and regulates its instinctual flow, analysis cannot destroy or demolish it. Only its severity can be decreased ; the super-ego itself can at most be modified and partially fused with the ego. Modifications may take place in the super-ego as a result of the introjection of new objects, or by modification of the processes of projection and introjection, but most of all through modification of the instinctual impulses themselves. These processes and the alterations to which they give rise in the super-ego continue throughout life. Nevertheless, their activity is most pronounced in early childhood and in the analytic situation, when the processes of projection and introjection are more active and instinctual tendencies are liberated on a larger scale.

Analysis effects a new and improved fusion of the impulses liberated as a result of transitory defusion, and consequently a modification of the original impulses : aggressive impulses are libidinized and sexual ones more elaborately distributed, i.e. sublimated. The aggression liberated in analysis is extensively employed in the work of organizing the id. Sexual fixations are loosened as a consequence of the reduction and more advantageous distribution of the underlying anxiety and aggression. Besides this, the partial or substitutive gratification vouchsafed in analysis makes renunciation possible in a more adequate

form. This harmonizes with the homœopathic principle [12] formulated by Jones: anxiety can only be remedied by anxiety, aggression by aggression, sexual traumas by re-experiencing gratification and frustration in minimal dosage. But this re-experiencing must be accompanied by a modification of the original situations and affects; otherwise it will not loosen fixations but will only have the value of an abreaction. This modification of the instinctual impulses is brought about in analysis by means of interpretation [13] which supplies libido—understanding—in infinitesimal doses and so works against repression and at the same time modifies the mechanisms of introjection and projection.

Modification of the instinctual trends is a prerequisite for their liberation, and constitutes the specific therapeutic factor of psychoanalysis. But analytical results are not exclusively dependent on this factor. Suggestive factors operating in favour of repression are invariably present too, although they will be less important the greater the depth of the analysis. We can observe how, after a patient's difficulties have been diminished, he seeks to recover his equilibrium by more successful repression when the analysis is interrupted or draws near to its end. ('Discontinuous analysis' endeavoured to exploit this process in the interest of shortening analysis.) An adjustment acquired in this way is often harder to attack analytically than one existing at the commencement of the analysis; that is to say, the patient's defence-mechanisms now give him more adequate protection against his anxiety and instinctual impulses than they did before analysis. It is often surprising to what an extent there may be amnesia, after the analysis is over, for impulses and phantasies which became conscious during it. These and other observations testify to the significance of repression as a therapeutic factor in analytic treatment.

In my opinion, we cannot ever in the case of a successful analysis exclude the participation of suggestive factors subserving repression.

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[12] Jones, 'Fear, Guilt and Hate', this JOURNAL, Vol. X, 1929. Jones originally described this principle as 'homœopathic', but at Federn's suggestion afterwards changed it to 'isopathic'. Since the process of cure results in my view from a *modified* repetition in minimal dosage of the original affects, I regard it as more correct to speak of a 'homœopathic principle'.

[13] Strachey has emphasized the 'mutative' effect of interpretation. ('On the Nature of the Therapeutic Action of Psycho-Analysis', this JOURNAL, Vol. XV, 1934.)

For its proper estimation, the important points are whether analytical or non-analytical factors preponderate, whether alterations in the patient's mental life or changes effected by influencing the environment have contributed more to the result, and whether the sum of the instinctual trends which can both directly and indirectly be gratified in an ego-syntonic form without awakening unconscious reactions of anxiety and guilt has been increased, and the sum of latent and manifest guilt-reactions reduced. This can only happen when instinctual trends which were formerly repressed, inadequately bound, or mastered by means of projection, have been liberated as a result of a transitory defusion, and so become modified and egosyntonic. Accordingly, the process of transitory defusion, the necessary condition for a modification of instinctual trends, forms the touchstone for the therapeutic process of analysis. It is initiated by analysis of the transference-situation, particularly the negative transference, and can be observed when a well-defined transference-neurosis emerges with transitory symptoms and anxiety. A treatment in which the analyst over the greater part of the time invariably retains the same rôle for the patient, particularly if it is the rôle of the super-ego, relies in my view principally on suggestive factors and only in a small degree on analytical ones.[14] ' Active measures ' can result in this picture of a rigid transference-relation becoming blurred. It is a sure sign that analytical elements preponderate in the treatment when a constantly changing transference-situation develops spontaneously as a reaction to interpretative work—not to commands and prohibitions or to the analyst adopting a particular line of conduct—within the margin of a well-defined transference-neurosis accompanied by transitory symptoms which the analyst cannot determine in advance. These dynamic manifestations are specific to analysis and materialize only to a small extent, if at all, where suggestive methods are employed.

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[14] The operation of analytic therapy has been repeatedly explained by saying that the analyst takes over the rôle of the super-ego for the patient and so moderates the severity of his super-ego. Contrary to this, I hold that—assuming the analyst does not apply ' active ' ' pedagogic ' or ' suggestive ' measures—the rôle of super-ego is but one among many ascribed to him by the patient. The latter often projects on to the analyst all psychic institutions (ego, id, or super-ego) in turn, besides specific instinctual trends, and persons he loves or fears. Cf. Melanie Klein, ' Personification in the Play of Children ', this JOURNAL, Vol. X, 1929.

Only incomplete repression and not repression as such is pathogenic. Successful repression provides a remedy for the anxiety-rousing mechanisms of projection and a means for mastering the instinctual trends giving rise to conflict. For this reason it is often possible by intensifying repression to achieve success more rapidly than by the methods of analysis. The difficulties and long duration of the analyses of 'normal' persons may be due to the circumstance that in these cases results are to be obtained only by true analytic means. It is interesting that in former times, when their knowledge was less complete, analysts obtained more rapid results in hysteria than we do to-day, whereas they were unable to cure more severe cases which are now accessible to treatment. Glover [15] explains this by saying that the rapid results obtained in hysteria in spite of incomplete knowledge, were largely on a basis of increased repression, while more severe cases could not be cured in this way.

Glover [16] has shewn that inexact interpretation (which brings unconscious impulses within range of the ego but neglects to link them up in the proper way with preconscious connecting-links so as to enable them to become conscious) increases repression. Many partially correct interpretations, such as, for example, that aggression arose from love and the child cannot be called to account if disappointments have converted its love into hate, aim directly at more effectively repressing the original aggression.

Incomplete interpretation works by displacing repression on to a different ideational content (Glover). Every interpretation is incomplete and must therefore be supplemented by others; hence the long duration of analyses. There is, as we know, a stronger tendency to repress than to admit to consciousness. In order to escape the anxiety activated in the analysis, the patient tries to purchase protection from the analyst—in much the same way as once he did from his parents—in return for increased suppression of instinct. The fact that the analyst allows to the patient certain manifestations of instinct—is a 'good father'—acts as an incentive to more effective repression of the Œdipus trends, which would otherwise be expressed in the negative transference. Similarly, becoming conscious of superficial hate-tendencies towards the analyst may involve the repression

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[15] Glover, 'The Therapeutic Effect of Inexact Interpretation', this JOURNAL, Vol. XII, 1931.

[16] *Ibid.*

of deeper ones. The complete analysis of the negative transference is therefore indispensable if we would really liberate the repressed impulses.

Accordingly, it may well be that all forms of modified analytic treatment which avoid a thorough analysis of the negative transference, as well as analyses of very short duration, and 'symptom' analyses, produce their effects more by increasing repression than by diminishing it. Those which seek to give freedom to certain instinctual tendencies, and at the same time to make the repression of others more effective, are perhaps only seldom really successful even in accomplishing their aim of partial liberation. Interpretations, by bringing forbidden impulses within the reach of consciousness, provoke increased reactions of defence on the part of the super-ego. If, now, the constant tendency towards repression is reinforced by a critical attitude on the part of the analyst towards instinct, interpretation will act—very like an *agent provocateur*—as an instrument specially calculated to bring about more effective repression.

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It is generally assumed that education and analysis are diametrically opposed; it is said that education establishes the super-ego, securing the social adaptation of the child by arousing anxiety and a sense of guilt, whereas analysis demolishes it by decreasing anxiety and guilt. This view, which has had important consequences, especially for the analysis of asocial patients and of children, cannot in my opinion be maintained. I hold that neither is it the fact that education establishes the super-ego, nor that analysis weakens it, but rather that both methods are concerned alike to modify the primitive super-ego. In spite of all their shortcomings, the usual methods of upbringing and education must be credited with a considerable share of sympathy and of love, one which should not be under-estimated. This makes it possible to modify the super-ego and to turn the child into a social being. The basis for a genuine social attitude cannot be created by a sense of guilt or a dread of losing love or of retaliation, but only by love and identification with loving parents. It is a notable achievement when a little child is able, let us say, to forgive its mother for having kept it waiting with its food, and it can only accomplish this because of the many occasions on which the mother has shewn it forbearance. It sounds almost like a truism to say that in substance education is human relationship, understanding and example, that prohibitions are

make-shifts, and threats and punishments, retaliatory measures tantamount to an admission of failure.

Education is in a high degree psychotherapy. Its value depends on the kind of therapeutic policy it favours, whether it relies on love or fear for its effects, whether it tries to awaken love or a sense of guilt, is bent upon modifying instinct or suppressing it. Incomparably more important here than any theory is the teacher's personality and attitude. But even at its best education can never completely realize its aims: since only remote derivatives of the original instinctual impulses obtain expression they alone can be sanctioned and modified, while those more deeply buried have to be overcome by means of repression.

It is here that analysis is superior to education: analysis of the negative transference makes it possible to create again and again a situation in which the most severely condemned and primitive impulses of all call forth, not retaliation, but understanding, and thus to free instinctual energies from repression and, after preliminary defusion, to modify them.

But while analysis by liberating instinctual forces to the benefit of ego-development promotes this indirectly, education has the advantage over analysis of directly influencing ego-development. Features which analysis and education have in common are that they make use of a human relationship for the purpose of overcoming primitive instinctual conflicts and modifying primitive impulse, that they bring the domain of the id under the sway of the ego, promote instinctual fusion, binding aggression by means of Eros, into whose service they largely bring it.

PSEUDO-IDENTIFICATION [1]

BY

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During the analysis of a patient of the schizoid type belonging to the group described by Bally [2] and Helene Deutsch [2] I observed a mechanism which I propose to call pseudo-identification.

My patient used to avoid any difference of opinion with other people by immediately assimilating himself to the particular person with whom he happened to be talking. He considered that in so doing he had discovered the ideal way of adapting himself to reality. He deliberately refused to have an opinion of his own and accepted that of others with the utmost alacrity. He himself described his attitude as lacking in character, but he was proud of this lack. His point of view was that, as he only pretended to adopt other people's opinions and adhered to them only so long as he was with those same people, he was in fact a person of independence, and immune from attack.

Since I have only a short time at my disposal, I will without any further preface report a conversation which took place between the patient and myself during the first weeks of his analysis. I want to use this example to illustrate the conclusions which I was able to draw from others like it as the analysis went on.

The patient tried to turn the analytic hour into a friendly meeting and to this I responded with marked reserve. One day he suggested that he should introduce me to two friends of his, a man and a woman. I declined, giving as my reason that I must observe the technique of analysis. He did not appear offended, but replied as follows: 'I am sorry that you feel obliged because of this technical rule to forgo the pleasure of associating with such an interesting person as myself. I think it is very praiseworthy of you to make this sacrifice in my interest. I will return your kindness by looking you up after the analysis, when I no longer need your services.' I asked him if he were

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[1] Read before the Fourteenth International Psycho-Analytical Congress, Marienbad, 1936.

[2] Bally, 'Zur Frage der Behandlung schizoider Neurotiker', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVI, 1930. Helene Deutsch, 'Ueber einen Typus der Pseudoaffektivität', *ibid.*, Bd. XX, 1934.

sure that I wished to meet him socially, to which he replied that he was convinced of it.

The wish to know the analyst socially occurs in many patients, and so we can compare the attitude of this particular man with that of others. The first thing we notice is that he accepted my view at once and without reservation, whereas other patients try to dispute with the analyst or claim to be treated as exceptions. Some accept his refusal, saying: 'You are quite right in not wanting to associate with a person like me'; and others maintain that they made the suggestion only out of politeness and are glad that it has been declined. I shall not enumerate all their various reactions, but I think you will agree with me from your own experience that in most cases the refusal to enter into social relations evokes in the patient a more or less obviously aggressive affect, which manifests itself either directly or else shortly afterwards in his associations and dreams. Nothing of the sort happened in this patient of mine and, when I pointed this out to him, he replied that this was just because of his ideal method of adapting himself to reality. By this he meant that he always at once assimilated himself to the person with whom he chanced to be talking and so never had any external conflict. His analysis shewed, however, that the contrary was the case: he had a great many conflicts. The external world is not a homogeneous whole and, when he had agreed with A., he could not long conceal the fact that he had also endorsed the opinions of B., C. and D., which differed from those of A.

Without going into this problem in detail, I will shew how the patient was able immediately to change his mind and at the same time save himself from experiencing any affect during the process. If we look at our example we notice that he did not content himself with accepting a view which the analyst had expressed. He went further: he guessed at and took for granted feelings about which he had not been told. When I asked him, he could not tell me what grounds he had for assuming the existence of these feelings, but he was nevertheless perfectly sure that I actually had them. It seemed to him quite superfluous to be forced to give reasons for something of which he was absolutely certain.

We have here a situation familiar to us in paranoia: the patient makes statements about the feelings of his object as if they were his own. He makes no attempt to observe such indications on the part of the object as his senses might convey to him, but arrives at the conviction which he states by means of an endopsychic act. When he

asserts that the other person has such and such feelings, he has no idea that he is drawing an inference, based on probabilities ; he thinks he is stating an absolute fact. We know that normal people are able to make a distinction between what they say about themselves and what they say about others, and that they make definite assertions only about their own feelings. We know, further, that the statements of paranoid patients are the result of the mechanism of projection. The patient defends himself from an id-derivative by displacing it on to another object, perceiving it there and then setting up a defence against that object. Our patient, however, gave no indication of seeking to defend himself against the feelings which he had projected on to the analyst. On the contrary, he welcomed them with applause, as we see in his reply : ' I think it is very praiseworthy of you to make this sacrifice in my interest. I will return your kindness by looking you up after the analysis.'

The question now arises : upon what does this difference between the attitude of paranoids and that of our patient depend ? How was it that he assented to the projected feelings instead of combating them ? If we compare the content of the projection in paranoia and in this case, we note that in the former the material is prohibited, while in the latter it is relatively innocent. In paranoia the material belongs to the infantile levels of development and is therefore unbearable for adult consciousness, whether it represents aggressive or sexual fusions of instinct. The presumption has been that it is the fact of the prohibition which causes material to be projected instead of directly recognized. But why should such an innocent idea as that of ' social intercourse with the analyst ' be prevented from entering consciousness directly and forced to undergo projection ? It might be replied that this innocent content is by no means innocent in the unconscious : it may, for instance, represent homosexual wishes. But, if we look at our example more closely, we see that projection took place only after the patient's proposal had been declined. That is, he first perceived the content consciously and gave expression to it without any inhibition. It looks as if external frustration were the sole cause of the projection, while usually neurotic defence-mechanisms, though they arise out of an external conflict, begin to operate only when this is associated with an internal conflict and infantile instinctual wishes are mobilized. It is the presence of certain abnormally large quantities of infantile libidinal qualities which gives rise to a neurotic defence-mechanism. Where these are lacking the external conflict will not

produce a neurosis but will find a normal solution. The fundamental difference between neurotic defence-mechanisms and a normal reaction is that the latter is conscious or capable of becoming conscious, i.e. that the subject sees and understands the situation, the danger and his response to it. Our patient was hardly aware that he had just suffered a frustration and he did not realize that the projection was his reaction to this, but regarded its content as an independent observation. In ' Das Verbotene lockt ' [3] I shewed that in children external frustration has two effects: (*a*) damming-up of instinct and (*b*) narcissistic mortification. It is clear that in adults such frustration either causes regression to infantile instinctual qualities in consequence of the damming-up of instinct, or else rouses infantile aggression as a result of narcissistic mortification. The infantile wishes are then bound by neurotic defence-mechanisms. These mechanisms, the operation of which is wholly or partly unconscious, either appear after some external frustration or are of a preventive character, and take the form of a protective mechanism against the occurrence of such frustration. Their purpose is, first, to put a stop to the damming-up of the libido and, secondly, to deny the fact of the narcissistic mortification. In the case which we are considering the pathognomonic factor was not so much the damming-up of the wish ' to have social intercourse with me ', but rather the narcissistic mortification, which might have been expressed as follows: ' I cannot immediately suppress my hatred of him for rejecting me.' In other words, it mattered more to him to spare himself the recognition that his power was limited than to ensure that his wish should be fulfilled. Or, to put it another way, this frustration gave rise to a neurotic defence-mechanism, not so much because of the damming-up of the patient's wish ' to know me socially ' as because his narcissism was mortified by his failure to enforce his will. It is a similar situation to that which Anna Freud describes as restriction of the ego.[4]

In paranoia the meaning of the projection is: ' It is not that I love you but that you love me; but I hate you.' Our patient's projection signified: ' It is not that I love him but that he loves me; it is not I that am getting annoyed, it is he that is getting annoyed.' In paranoia the instinctual wish is projected, in this case the narcissistic mortification is projected as well.

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[3] *Imago*, Bd. XXI, 1935.

[4] *The Ego and the Mechanisms of Defence*, 1937.

The immediate assent to the wishes of other people, which the patient declared to be an ideal way of adapting oneself to reality, was possible because the content which he accepted did not really represent the wishes of others but his own wishes, which he had projected on to them. A superficial survey would suggest that he must have observed those around him with extraordinary care in order to adapt himself to them at every point. But analytic investigation revealed the exact opposite. He paid no attention to the wishes of other people—in fact, he never noticed them, for he was interested only in his own wishes, which he projected on to others. But a comparison with paranoia shews that this explanation is inadequate, for paranoiacs defend themselves vehemently against those wishes of their own which they have projected on to other people. If we look at the patient more closely, we discover that there was no question of his really assenting to the wishes which he had projected : he merely pretended to accept them and that only for a short time. He declared that the changes which he made in himself in order to assimilate himself to other people meant nothing, for his only purpose was to deceive them and he did not stick to any of the various opinions which he adopted—' it was all a game '. We know that normal people permit themselves all kinds of behaviour, otherwise prohibited, so long as it is in play, but the patient's case differed in two respects from that of normal people : in the first place, those around him had no means of knowing that he was not in earnest and, secondly, he was not able of his own free will to keep his play within due limits of time and place. In the case of other patients, and especially perverts, I have observed that they water down the significance of their behaviour and ideas by saying that they are only in play. It looks as if those forms of gratification in which the respect of other people played a considerable part produced in our patient the feeling : ' It is only a game.'

In ' Zur Psychologie der Heuchelei ' [5] Bergler shewed that the person whose opinion is insincerely accepted represents to the unconscious of the insincere person his own projected super-ego, against which he directs his aggressiveness. The difference between pseudo-identification and insincerity is that in the latter the real opinion of others is adopted, even though it be insincerely, whereas in pseudo-identification all that happens is that the subject accepts opinions of his own which he has projected on to someone else. The mechanism of

[5] *Internationale Zeitschrift für Psychoanalyse*, Bd. XXI, 1935.

pseudo-identification may be concisely described as follows. An external frustration of some kind results both in a damming-up of instinct and a narcissistic mortification. This mortification is projected on to the object: 'I am getting annoyed' becomes 'he is getting annoyed, I am sorry for him'. In addition, the dammed-up instinct is also projected: 'I love him' becomes 'he loves me'. Finally the product of the projection is accepted ostensibly and for the time being. All that the patient is conscious of is the external frustration and the final result of the projection. In the subject's view this acceptance of the feelings of the object is merely a superficial pretence, designed to deceive the object by assimilation with him. Since objects in the outside world are not all alike and since, moreover, the attributes which the patients assume are by no means the real attributes of their object, the external conflicts are many. What they save themselves by this mechanism is not *external* but *internal* conflict. Instead of submitting the id-derivatives to the scrutiny of the conscious part of the ego and then proceeding to gratify, sublimate or reject them, they project them on to external objects. Instead of recognizing that there are wishes which one cannot gratify because their gratification would result in punishment by other people, or in a sense of guilt proceeding from the super-ego or in opposition on the part of the ego, they imagine that they are free of all wishes which cannot be gratified.

I have observed these defence-mechanisms in persons of the schizoid character-type.

Pseudo-identification may be distinguished from hysterical identification as follows. The product of hysterical identification—the hysterical symptom or the character-trait which the subject has taken over from the object—is actually present in the object. It is, indeed, often evanescent in the patient and of short duration, but it does not change so quickly as in pseudo-identification. Finally, the id-derivative which is at one and the same time warded-off and gratified in hysterical identification belongs to the phallic phase. I have not as yet been able with any certainty to allocate the id-derivatives concerned in pseudo-identification to any particular level.

Now let us try to see how this mechanism fits in with the results of our own experience. First I must make some introductory remarks on the subject of identification. Freud distinguishes three types of identification: primary, total and partial identification. This classification has a chronological basis. Primary identification signifies a cathexis of the object with narcissistic or rather auto-erotic libido. It

occurs regularly in new-born infants, who feel the external world as a part of the self. At this period the infant does not differentiate between himself and his mother. To put it in metapsychological terms, he has no narcissistic or object-libido but only—as Anna Freud has suggested—auto-erotic libido.

Through contact with the external world a child becomes familiar with certain qualities which produce a characteristic pleasure. The first frustrations which he experiences teach him that objects are not a part of his own body and that therefore there are two kinds of entities: his own body, which is directly subject to his will, and an external world, which does not immediately or always obey his will. More precisely: our body reacts to a mere idea, whereas the external world responds, if at all, only to appropriate behaviour on our part. From the sensory point of view we must distinguish our knowledge of our own body, i.e. direct knowledge, from that of the external world, i.e. knowledge which reaches us through the medium of the sense-organs. This medium constitutes the link which connects the subject and the external world and in this respect it is a matter of indifference whether what reaches the subject are sharply defined perceptions of a predominantly objective character or slight indications, the significance of which is less clearly recognized and which cannot be exactly designated. Since the sense-organs which transmit to us knowledge of the external world are liable to temporary or lasting disturbance, we must take into account possible sources of error. Paralysis of the muscle of the eye causes a man to see double; a cold in the head robs us of our sense of smell. Again and again we discover that our sense-organs are not absolutely trustworthy. Not absolutely; that is to say, we must distinguish between knowledge of the external world and knowledge of ourselves. The distinction is particularly conspicuous when what we are comparing is not a simple perception of the external world (such as 'the man lifts his hand') with a feeling ('I lift my hand'), but rather a judgement ('he is glad') with a feeling ('I am glad'). The feeling 'I am glad' comes to us directly, whereas the gladness of another person can never be directly experienced by us, although we speak loosely as if it were possible. Closer consideration shews that, solely through our sense-organs, we make a number of perceptions, from which we make a probable inference as to the affective state of the other person. After having formed this judgement we may—and in many cases do—identify ourselves with the object. We now experience emotionally an affect which resembles that of the object.

The intensity of our own affect is no guarantee that our judgement was correct: it only indicates the intensity of our identification. Hence our knowledge of other people's affects is derived from a number of sense-impressions; we do not feel the affect itself. What we feel is simply our own affect, which springs from identification. This simple situation is complicated by the fact that our judgement and the sense-impressions upon which it is based are not necessarily always and fully conscious. In terms of metapsychology we should say that they may be located in the unconscious part of the ego. Hence it sometimes looks as if an affect, which has in fact arisen in us secondarily, has been transmitted to us without any sense-perception, i.e. direct from the object—which is, of course, impossible.

So long as these processes are concerned with affects which are capable of entering the subject's consciousness as well, the true state of affairs will be easily ascertainable with a little rational consideration. Suppose we find one of our friends bent double and groaning loudly, and infer that he is suffering acute pain. Through an immediate identification with him we feel similar pain or, as we commonly say, his pain. But he need only tell us that he was pretending, for us to be convinced that we were mistaken. We shall not try to contradict him by referring to the pain which we actually felt, for we shall realize that it was our own and not his. But if for any reason we believe that we ourselves never could feel that kind of pain, we shall persist, in spite of all logical arguments, in saying that the pain which we felt was that of our friend.

So much for primary identification.

In the two kinds of secondary identification—total and partial—the libido has already been differentiated. Total identification takes the place of an object-relation. The object-libido, which maintained the cathexis of the representative of the object, is displaced on to that of the ego. The ego or a part of it becomes the object, which is now no longer in the external world. In this way a child makes himself independent of the external world; but his condition is not identical with that in which he found himself before the libido was differentiated, for the differentiation continues and that part of the ego which is now re-cathected with libido is treated as an external object. The ego becomes like the object and forms the preliminary phase of the super-ego. This part of the ego is modelled on the mother and on to it are transferred the love and hate which were originally focussed on her. In partial identification the object-relation may be retained and only

part of the object-libido is transferred from the representative of the object to that of the ego (or organ).

Besides making this classification it is important to distinguish between *autoplastic* identification, in which the ego models itself on the object, and *alloplastic* identification, in which the object is moulded to the likeness of the subject. A third method of classification differentiates *external* identifications, in which the modifications undergone by subject or object can be perceived from outside (e.g. hysterical paresis) from *internal* identifications, in which these changes take place only in the sense-organs or in phantasy (e.g. delusions of jealousy).

If we now try to see what place in the above scheme must be allotted to the mechanism of pseudo-identification, as I have described it, we encounter a number of difficulties. In the first place it is hard to decide whether pseudo-identification comes under the heading of primary or secondary identification. It suggests the primary form, in so far as it ignores the boundaries between the ego and the external world, so that the subject, instead of drawing inferences from the probabilities, makes definite statements about the object. On the other hand, however, in pseudo-identification there is already knowledge of the external world and the object, and this is always absent in primary identification. From the patient's point of view pseudo-identification might be described as autoplastic, for he assimilates himself to the object. But this assimilation is preceded by a phase in which the object is moulded to the likeness of the patient and which must, therefore, be called alloplastic. Finally, in considering whether pseudo-identification comes under the heading of external or internal identification, we might at first decide for the former, since the changes which take place in the patient are perceptible to other people. But besides these outward changes, which result from the introjection of the object, there are changes consequent upon projection which are not perceptible from outside and it seems that we must describe these as internal identification. Let me anticipate a conclusion at which I arrive in my study upon ' Triebschicksal und Triebabwehr ', and say that identification is not only the result of neurotic defence-mechanisms but one of the vicissitudes to which the instincts are liable. It looks as if it would be advisable to discard the equation postulated by many analysts between the mental processes of young children and those of adult neurotics and to give an exact account of the differences between these similar phenomena. The mechanism for which I have coined the

term pseudo-identification has come under my observation in adult neurotics only, and I do not know whether a similar phenomenon occurs in children. In the study mentioned above, I have discussed other defence-mechanisms and tried to shew to what place amongst them the phenomenon of pseudo-identification is to be assigned.

A CONTRIBUTION TO THE PATHO-PSYCHOLOGY OF PHENOMENA ASSOCIATED WITH FALLING ASLEEP[1]

BY

OTTO ISAKOWER

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The principal object of this paper is to give an account of a group of phenomena of a particular kind, which I have had the opportunity of observing in a number of patients suffering from widely different types of psychological disorders and also in some normal persons. To facilitate description and also to bring out the affinity between the numerous varieties of these phenomena, which occur under different conditions, I propose, as far as may be, to speak of them in what follows as if I were dealing with a single phenomenon.

The phenomenon in question is closely akin to certain well-known hypnagogic manifestations, and this mainly by reason of the fact that it very often occurs when the subject is on the point of falling asleep or is already half asleep. It may, however, also be noted, although more rarely, at the moment of waking and is specially frequent in illnesses accompanied by fever. One regular condition of its occurrence is that the individual concerned should be in a recumbent posture. All those persons who have observed this phenomenon in themselves state that they often experienced these sensations in childhood and fairly frequently again at puberty, but that in later years it rapidly diminished in frequency.

Let me now quote some first-hand accounts which will make plain what is the nature of the phenomenon in question. Here is a woman patient's own description of an experience of the type which I have in mind.

'When I'm feverish, I get a curious sensation in my palate—I can't describe it. Yesterday I noticed it when I was going to sleep, although I wasn't feverish. At the same time I have a feeling as if I were on a revolving disc. Giddiness and a kind of general discomfort. It's as if I were lying on something crumpled, but this crumpled feeling's in my mouth at the same time; the whole thing begins in the palate—I can almost feel it now when I think of it. I've had it

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[1] Based on a paper read before the Fourteenth International Psycho-Analytical Congress, Marienbad, 1936.

fairly often, especially as a child. I feel as if I were lying on a crumpled cloth which is winding itself round ; the crumpled object isn't under me, like a crumpled sheet, but round me and it's disagreeable.' (Some days later.) ' The other day, when I was tired, I had the feeling again ; it was as if my palate and everything were swollen—and I had another feeling which I can't describe, again of something crumpled and jagged ; it wasn't a swelling like one has after an injection of cocaine, but as if my mouth were quite full, but not of anything from outside . . . '

The following passages from an account given by another female patient will, I think, throw into relief certain features in this picture and add some fresh ones :

' . . . Then I'm as small as a point—as if something heavy and large was lying on top of me—it doesn't crush me—and I generally draw a triangle with my hand—a triangle with one side missing—I draw it in the lump—I can draw it in the lump as if it was dough—then I feel as if the whole thing was in my mouth—but it isn't a bad feeling—and in my head ; it's like a balloon, a kind of bodiless feeling ; it doesn't worry me, I'm not crushed—but I have the feeling so often and it's always the same—it's not pleasant and it's not unpleasant—I can't swallow the lump, whatever I do—if anything, it's round, but I only *feel* something round, I have no idea what it really looks like. At the same time I feel quite light and bodiless ; it's like a sort of intoxication, a sense of being pleasantly tired. As a child, I used to hear a sound, but that doesn't happen now. It was a kind of monotonous talking, behind me and on the left ; I couldn't understand anything, it was just a sort of murmur and didn't frighten me. Sometimes too there was fire under my bed . . . ' This patient fell into the state in question one day during the analytic hour, just as she was speaking of having masturbated during the previous night. She had tried to call up the picture of the physician. ' But ', she said, ' I didn't succeed because I always dismiss you from my mind again because I don't want . . . (?) because in reality you've never shewed any sign of affection towards me . . . '

The state in question, then, is one in which sensations very different from those of waking life are experienced in certain regions of the body and conveyed to the subject by more than one of his senses. The principal bodily regions concerned are the mouth, the skin and the hand. In many cases there are, as well, distinct sensations of floating, sinking and giddiness. The experience is accompanied by a general

feeling, concerning which the accounts for the most part differ. In one case we read: 'Not unpleasant but also not pleasant'; in another: 'A feeling of discomfort amounting to nausea'. Others speak of apprehension, an uncanny feeling or, finally, disagreeable tension with subsequent relief. Some of our informants state that they could on occasion produce the condition intentionally; others, that they voluntarily retained it, once it had set in—partly out of curiosity, in order to study it. (Here, by the way, it differs from most hypnagogic phenomena, which usually vanish as soon as attention is focussed on them.) Another remarkable point is that very often the state is immediately reproduced with the utmost vividness, as soon as the individual concerned begins to describe it.

Most striking of all is the blurring of the distinction between quite different regions of the body, e.g. between mouth and skin, and also between what is internal and what is external, the body and the outside world. We note too the amorphous character of the impressions conveyed by the sense-organs. The visual impression is that of something shadowy and indefinite, generally felt to be 'round', which comes nearer and nearer, swells to a gigantic size and threatens to crush the subject. It then gradually becomes smaller and shrinks up to nothing. Sometimes there is fire somewhere in the room. The auditory impression is of a humming, rustling, babbling, murmuring, or of an unintelligible monotonous speech. The tactile sensation is of something crumpled, jagged, sandy or dry, and is experienced in the mouth and at the same time on the skin of the whole body. Or else the subject feels enveloped by it or knows that it is close at hand. Sometimes it feels as if there were a soft yielding mass in his mouth, but at the same time he knows that it is outside him. It is possible to draw figures in it with the finger as though it were a lump of dough. Another characteristic is the ease with which this state is reproduced and the fact that it can be retained voluntarily—at least, there is a feeling that this can be done. And, finally, there is the behaviour of the subject during and in relation to the experience: his evident attitude of self-observation. I must also emphasize the fact that this phenomenon occurs frequently in childhood and in fever and that many persons quite spontaneously use almost the same words in describing it: 'It's as if the whole feeling of childhood were coming back.'

In a comparatively few cases an experience in childhood is recalled in direct association with the phenomenon. In some instances this

experience was obviously of a sexual character. One informant actually asserted that the state described itself occurred during the experience which he had just recalled in connection with it and which he dated in his eighth year. In other cases certain recollections are produced in association with it, which are obviously of the nature of screen-memories and the content of which shews distinct points of agreement with the typical content of our phenomenon. Take, for instance, the following :—

' As a boy of about six years old I had, one Saturday, an attack of toothache while we were at table. As nobody took any notice of my request for some drops to help the toothache (since everyone was absorbed in animated conversation), I myself climbed on to the sideboard in which the drops were kept. When I was on the top of the lower part of the sideboard, I lost my balance and fell off. In falling I pulled with me the upper part of the sideboard, of which I had already caught hold. Physically I was not at all seriously hurt. The contents of the sideboard, glasses and so forth, clattered to the ground *in a shower*. I was subsequently told that some milk, which was on the sideboard, streamed all over me. A friend of the family, who came to see us immediately afterwards, took me to the W.C. for me to pass water. I can still hear my mother's words to this gentleman, when she said that a short time before it looked as if there had been a Cossack raid.' The subject of this experience went on to say that, from that day, he used to wake up in terror, at first every night and gradually less frequently. For some years he had been free from this. On these occasions he had the following sensation. He felt as if he were lying on his back and floating in the air and had a sense, accompanied by anxiety, of some tiny object which became infinitely large. As it did so (but the tiny object had not always quite disappeared) he had a pleasant tickling sensation just behind his upper and lower teeth, on his palate and the bottom of his mouth. It was as if he were in the act of drinking something good ; the chief point was the temperature of the ' drink ', which was exactly the same as that of his mouth. The general feeling was ' like that in coitus '—only he and the universe existed—' nothing but himself and something infinitely large '—he was ' inside '. During this experience his lips quivered in a way that was agreeable and he also had a feeling as if his underlip were dimpled in.

I think it is worth while to examine more closely this specific group of phenomena and to investigate their many and obvious relations to

other kinds of experiences. My main reason for suggesting this inquiry is that the phenomenon promises to throw considerable light on the behaviour of the ego when in the act of falling asleep.

Some of the chief features of the phenomenon are reproduced most nearly in certain forms of the ' aura ' which precedes epileptic fits. The visions of the aura often have a tendency to approach the patient and gradually increase in size. At the moment when they touch his breast he loses consciousness.[2] Visual, auditory and tactile sensations, as well as sensations of space, often occur in the aura in a very similar way. Even the experience of *déjà vu*, which so often plays a part in the aura or takes its place altogether, is not infrequently hinted at in our phenomenon. ' This is a feeling that I have so often had before (that is so familiar to me) ' or ' it is just as it was in my childhood ' is often the first subjective impression when the phenomenon occurs. The general feeling, too, closely resembles that in the experience of *déjà vu* : there is the same sense of remoteness or alienation, which may be slight or strong. There appears to be another peculiarity which is shared by our phenomenon, the epileptic aura and the experience of *déjà vu* and which it is hard at the moment to describe in a single word. As I have said, our phenomenon can be *voluntarily* prolonged or retained ; similarly, some epileptics are able, when the aura is upon them, to abort the impending attack by an exertion of the voluntary motor system, counteracting by a contrary innervation the first of the convulsions which are beginning to make themselves felt.[3] Finally, in the experience of *déjà vu* part of the future which is on the verge of becoming the present (namely, the sequence of events which occur immediately *after* the feeling has set in) is docketed thus : ' This is exactly how it was ' (or ' what happened ') ' on a previous occasion ' and is included in the experience which we may call *déjà vécu*.[4] Sometimes there is a dim sense that the process is a voluntary one. For the moment this comparison must suffice to indicate in outline the feature

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[2] Cf. Bleuler, *Lehrbuch der Psychiatrie*, Vierte Auflage, 1923, S. 339.

[3] Pötzl, ' Zur Metapsychologie des " déjà vu " ', *Imago*, Bd. XII, 1926, S. 402.

[4] Perhaps it is not superfluous to emphasize once more that the *déjà vu* in its fully developed form is not restricted to the particular piece of experience which it encounters at the moment of its occurrence but comprises also, in a general way and without selection, those objects of external and internal perception which succeed directly to it in time.

which I believe to be common to these three different types of experience, though its effect is different, in some instances directly opposite, in one type and in another. Perhaps this is a suitable point at which to consider the problem of traumatically determined amnesias, in particular, the retrograde and the—much rarer—anterograde type of amnesia. Retrograde amnesia especially, viewed from this angle, is seen to be the negative of the experience of *déjà vu*, and this in a twofold sense. Not only is the actual occurrence denied but the flow of events in time is reversed, as though seen in a mirror. In the experience of *déjà vu* the subject says to himself: 'I have already experienced in every detail all that is now about to happen'. In retrograde amnesia on the other hand he says: 'Not only the trauma but that which took place *before* the trauma never happened at all (i.e. is also repressed)'. I hope later on to make of this conception something more than a vague analogy. In our phenomenon, in the epileptic aura and in the experience of *déjà vu* the subject knows, or thinks he knows, exactly what is going to happen. But his attitude is always one of intensified self-observation and he preserves a certain distance from the experience and does not regard it as entirely real.[5]

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When we fall asleep, the ego withdraws its interest and its cathexes from the external world. We know that they are not cut off at a single blow, but that the process is a gradual one: as sleep comes upon us, the world does not vanish suddenly and totally. With the alteration in the distribution of cathexis between ego and external world it is, however, inevitable that some change should take place in the ego, and this change I believe to be principally characterized by two processes: (1) a disintegration of the various parts and functions of the ego; and (2) a diminution of the ego's differentiations. This latter process seems to set in somewhat later than the dissociation of the parts and functions of the ego. It is not merely that cathectic energy is withdrawn from the external world into the ego: a change takes place in the distribution within the ego, i.e. mainly between the body ego on the one hand and, on the other, the ego's perceptive and critical parts. Of the cathectic energy withdrawn from the external

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[5] This last characteristic suggests another pathological type of experience, namely that of *depersonalization*. For the present I must refrain from entering into a discussion of this exceedingly important relation and reserve it for a future occasion.

world a relatively greater quantity streams into the bodily ego than into the perceptive parts of it, and, at the same time, the cathexis of that side of the perceptual system which faces outwards is relatively depleted, while the side which faces towards the ego is more abundantly cathected. Thus the institution which perceives and observes is more sharply contrasted with the body ego, with which it generally seems to be closely bound up. Meanwhile the body ego, inundated with libido, has in its turn undergone a further change. That part of the perceptual apparatus which is directed towards the ego now observes the body ego as it changes. The boundaries of the latter begin to be blurred and to become fused with the external world. In my view this phase of ego-modification corresponds to and is reflected in the phenomenon described at the beginning of this paper: perceptions are localized as sensations in a particular bodily region and at the same time as processes in the external world or, to put it more exactly, in that frontier-region of the external world which is immediately adjacent to the body and, as it were, envelops it. But according to the data at my disposal [6] it is not any or every bodily region that is affected: the

[6] Apart from the material which I myself have systematically collected I have found in the limited field of psycho-analytical literature only isolated references which seem to me to have any certain bearing on our subject. I must, however, except two excellent early works by Federn, 'Ueber zwei typische Traumsensationen', *Jahrbuch der Psychoanalyse*, Bd. VI, 1914, and 'Zur Frage des Hemmungstraumes', *Internationale Zeitschrift für Psychoanalyse*, Bd. VI, 1920. (I mention these two last not so much because of their material as because of the author's general point of view and method of approach.) Of the isolated references I may mention the following: Sadger, 'Erfolge und Dauer der psychoanalytischen Neurosenbehandlung', *Internationale Zeitschrift für Psychoanalyse*, Bd. XV, 1929, S. 428; von Weizsäcker, 'Körpergeschehen und Neurose, *ibid.*, Bd. XIX, 1933, S. 82. In the *Handbuch der Geisteskrankheiten*, Berlin, 1928, Bd. I, S. 436 ff., Mayer-Gross gives an account of experiments in connection with the processes of thought at the moment of falling asleep. The extracts which he gives from his notes and the accounts which he cites from Hoch of experiments made upon himself are also very interesting from our point of view. Later on in this paper I shall endeavour to determine to what category our phenomenon is to be assigned. I may anticipate my conclusions by saying that, in the case of the experiments by Mayer-Gross and Hoch it is clear that their findings relate to a process of going to sleep which was, in addition, disturbed by their efforts at observation.

oral zone or, more exactly, the oral cavity (sometimes represented by the respiratory passages and function) predominates, while in almost every case no mention is made of other parts of the body, with the one important exception of the hand. It is natural to conjecture that the structure of the body ego in this state is comparable to that of the immediately post-natal ego.[7] The sensations in the oral cavity, at this stage of existence probably the most intense and also the most important for life, are diffused over the whole skin, the outermost frontier of the body, which, indeed, is scarcely yet recognized as such and is perhaps almost felt to be part of the external world. At all events it represents the surface on which contact is made with the world. The tactile and kinæsthetic experiences of the oral zone, then, are probably the most important of any at this stage and therefore experiences in any other zone, e.g. the skin, are at first unhesitatingly identified with the most familiar experiences (i.e. the oral ones), and thus the two zones themselves come to be amalgamated. A hypercathexis of the oral zone is established : ' I am all mouth.'

We see then that, as a result of the regressive diminution of differentiation which occurs when we are on the point of sleep, the body ego reverts to the stage we have been describing : it revives an archaic phase of development. Dissociation having already set in, this primitive body ego is opposed by the system Pcpt.-Cs., whose inward-facing surface has not yet been divested of its cathexis. This opposition of the two parts of the ego may be also partly conditioned by the fact that, at the beginning of the process of going to sleep, there is still a fluctuation in the quantities of cathectic energy distributed between the regressively modified body ego and the perceptual apparatus, the structure of which is still preserved though its cathexis is being steadily withdrawn. One can imagine that the intermittent waves of cathectic energy flowing towards the perceptual system have not yet entirely ceased but are continuing at less frequent intervals and with diminishing force, the result being a fluctuation in the functioning of the system.

The displacement which takes place in the distribution of cathectic

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[7] Cf. Kardiner, ' The Bio-Analysis of the Epileptic Reaction ', *Psycho-Analytic Quarterly*, Vol. I, 1932, p. 441 : ' The first units of mastery are the *mouth* and the *hand*, with the eye as an auxiliary organ '. Cf. also Bernfeld, *Psychologie des Säuglings*, 1925.

energy gives rise to another important change in the functioning of the perceptual apparatus: the processes in the somatic parts of the sensory apparatus are for the time being more powerfully cathected and become themselves the object of observation. I need only remind you of the well-known entoptic and entotic hypnagogic phenomena. The inference which I draw from all this is that, at the stage of development to which according to our hypothesis the subject of these experiences regresses, the perceptual processes are much more intimately associated with the body ego than at a later stage; he experiences those processes as something happening to and around his own body rather than as giving him information about a world outside him.

According to Freud perception is always an active process. An infant responds to optical stimuli by opening his mouth and, rather later, by clutching at what he sees. This indicates that there is still a very close connection between perception and motor intention and also that perception is accompanied by tension within the body, i.e. within the ego. Later on, this close connection is maintained only in the vestibular apparatus, which is, indeed, itself a sense-organ, one of the most important intermediaries between the internal and the external world. Typically, however, its messages have almost lost the character of separate perceptions by the time they reach consciousness, although its perceptual activity is accompanied by relatively very profound changes in the body itself.[8]

What sort of messages are transmitted from the external world by the sense-organs at this very early stage? Here again, I think, we can gain some information from the phenomenon which I have described. A considerable part of this experience consists of amorphous sensations in several sensory regions. This appears to bear out the much disputed notion that the sense-organs at this stage of development can in general transmit nothing but chaotic impressions.

I append here the description of an experience of this kind which occurred *at the moment of waking*. It is reported by a female patient who for many weeks had been unable to leave her bed because of a hysterical astasia-abasia. Her account is as follows:

'The feeling I sometimes have now is a disgusting one, the same

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[8] Cf. French, 'Psychogenic Material Related to the Function of the Semicircular Canals', this JOURNAL, Vol. X, 1929. Cf. also the writings of Schilder, especially his recent *The Image and Appearance of the Human Body*, London, 1935.

as I used to have in childhood. There's a box by my bed and it looks far larger than in real life, as if it were going to crush me. I try to get hold of it or to push it away from me. Or else there's my coverlet—I want to lift it up and can't get hold of it, and then I wake up and everything looks as if it had been raining. It all seems to have collapsed and the boxes look absolutely drenched. And then, when one wakes, everything's quite small at first and looks as if it were at a distance, quite a long way off ; I feel as if I myself were a giant. Everything's dried up, as if a whirlwind had gone over it and the whole thing had collapsed ; it all looks huddled together. I wake up feeling quite worn out and done for and that's what everything round me looks like—as if it had been overwhelmed by an earthquake and were still in that state—it all looks natural and yet so dead. My own hands—they're quite swollen when I wake up—it feels as if I wanted to pick up a piece of paper and, instead of its being as thin as this, it were as thick as that ' (indicating a measurement) ' and as if I couldn't hold it. These feelings only come when I'm lying down—often I feel as if I were sinking down, bed and all . . .'

Here we have an instance of this state's occurring at the moment of waking, when the process of ego-alteration moves in a forward direction.[9] At a certain stage in this process the external world gives the impression of being ' flooded, overwhelmed by an earthquake ', devitalized.[10] Does not this whole description suggest the experience of the world's coming to an end ? In the submerging of the ego in epileptic attacks and in epileptic twilight states, such experiences, it is true, are often associated with a more imposing paraphernalia and are more impressive in their experimental value. But the fully developed delusion that the world is coming to an end, as we meet with it in schizophrenia, is commonly preceded by manifestations of ego-disintegration, accompanied by a hypersensibility to external impressions and by temporal and spatial distortions of the objects perceived. The sensory material for an experience of the ' end of the world ' is already there, but it has not yet been elaborated into a delusion. In such a condition the patient himself often feels that the

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[9] On this point I would refer my readers to Federn's paper ' The Awakening of the Ego in Dreams ', this JOURNAL, Vol. XV, 1934.

[10] In this connection compare the footnote on p. 336. We notice also that many points in this description resemble the details of the screen-memory quoted on p. 334.

difference between waking and sleeping has vanished.[11] A schizophrenic, whom I had an opportunity of observing, once had the following experience during a period of remission. He was in Vienna, a long way from his own people, and through a piece of carelessness on his mother's part he found himself without any money and, for twenty-four hours, had nothing to eat. ' Everything looked so small and dried up. I borrowed a schilling from my landlady, and went into a dairy and, as soon as I had drunk a glass of milk and eaten a roll and butter, I felt satisfied and at the same time everything looked fuller—the whole outside world, even things that I didn't see but only knew were round me, seemed juicier. That's a very comfortable feeling ; it makes one smile. As far as one's body goes it's a feeling of security —that nothing can happen to one.'

The relation of this account to the previous example and to our phenomenon are, I think, sufficiently obvious.

The ' phenomenon ' in the more restricted sense occurs during the process of falling asleep and also very frequently in fever, i.e. when there is a particularly intense cathexis of the ego, at the cost of the cathexis of the world of objects.

If we take this hypothesis seriously[12]—the hypothesis, namely, that we have here a revival of very early ego-attitudes, the next step brings us logically to the question whether these reproductions do not perhaps bear the imprint of external situations with which these attitudes were contemporaneous. I am well aware of the conjectural nature of the answer I am inclined to make : Yes, these imprints seem very easy to detect ; they are mental images of sucking at the mother's breast and of falling asleep there when satisfied. The large object which approaches probably represents the breast, with its promise of food. When satisfied, the infant loses interest in the breast, which appears smaller and smaller and finally vanishes away. The mother's

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[11] Cf. Mayer-Gross in the *Handbuch der Geisteskrankheiten*, Bd. I and IX.

[12] And in precisely the same sense in which Freud himself originally introduced the idea into psychology and which he has ever since supported. (He puts it most forcibly in his *Introductory Lectures on Psycho-Analysis*, p. 71 ff., and, later, in his ' Metapsychological Supplement to the Theory of Dreams ', *Collected Papers*, Vol. IV.) It is a conception which has gained increasing recognition in the more recent investigations into and theories about the phenomenon of sleep. Cf. Pötzl's exposition in the symposium on sleep, edited by Sarason, Munich, 1929.

breast is the sole representative of the objects in the external world ; at this stage it is not the mother as a person but only her breast which is the object. The infant's mouth is full of something, ' but not of anything from outside ' ; his hand presses into it, as though into a lump of dough. The crumpled or sandy feeling in the mouth seems to point to sensations of dryness in the suckling's mouth, which are unpleasant and unfamiliar (for in the intrauterine state he probably never experienced anything of the sort). Other descriptions mention characteristics which suggest the process of birth or the intrauterine situation. To illustrate this I should have to adduce the whole body of relevant material.

I must pass over the important question of the physiological apparatus and processes by means of which this regression is accomplished. But I may be permitted a reference to a phenomenon of cerebral pathology, which combines a remarkably large number of the features in which we are interested here. Hughlings Jackson [13] refers to the significance of olfactory hallucinations which are believed to result from the stimulation of the olfactory apparatus in the *gyrus uncinatus*. He gives the name ' uncinate fits ' to those which begin with sensations of smell and taste and are accompanied by motions of sniffing or smelling or by smacking of the lips. He says that these phenomena are sometimes associated with a peculiar ' dreamy state ', in which surrounding objects appear unreal and remote and yet oddly ' familiar ', as though exactly the same thing had happened before (*déjà vu*). Kroll too [14] holds that the phenomenon of *déjà vu* is a local symptom of the temporal lobe and states that he has often found it accompanied by amnesic disturbances. I have already suggested that there is a possible connection between the experience of *déjà vu* and certain forms of amnesia. I should now like to amplify this suggestion by conjecturing that we have here a characteristic of the primary process of the mind, which can be associated with the easy displaceability of mental cathexes in that process. I would formulate it as follows : ' It is characteristic of inhibition (in the field of mental and

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[13] J. Hughlings Jackson and Purves Stewart, ' Epileptic Attacks with a Warning of a Crude Sensation of Smell and with the Intellectual Aura (Dreamy State) in a Patient who had Symptoms pointing to Gross Organic Disease of the Right Temporo-Sphenoidal Lobe ', *Brain*, Vol. XXII, 1899, p. 534.

[14] *Die neuropathologischen Syndrome*, Berlin, 1928, S. 322.

organic phenomena) that it tends to include in its scope not only those processes which it was originally designed to check but other mental contents as well '[15] (retrograde amnesia); and further: the process of reviving a submerged mental attitude tends to extend to adjacent material, in the form of a feeling that a previous experience is being repeated (*déjà vu*). Thus the point of affinity between the two processes is this: amnesia takes the place of the (unpleasurable, traumatic) experience and is apt to extend beyond it in a retrograde direction, while the phenomenon of *déjà vu* occurs in place of a former experience, which is pressing to be somehow revived, and it is liable to extend beyond that experience in an anterograde direction. The common factor is a *formal* one. In both cases the process tends not only to prevent the true mental content from coming to light but also to continue in one direction or another, involving all the adjacent material of experience. We see then that where the phenomenon of *déjà vu* occurs in the waking state, the other phenomenon (to which the present paper is devoted) occurs in the state of going to sleep.[16]

. . . . .

Now exactly at what point does this phenomenon make its appearance? Why is it experienced only by certain people and by them only occasionally? The researches of other investigators provide us with a good deal of material which may help us to answer these questions. In making our selection the important point to bear in mind is that we are not dealing with a phenomenon *normally* associated with the act of falling asleep, but with one which indicates a *disturbance* in the process, occurring at a stage when it has already been at work for some time. Economo has described a dissociation which takes place in encephalitis lethargica between the sleep of the body and that of the brain. It is my view that, at the moment when the phenomenon which we are considering occurs, the process of 'going to sleep', by which I mean the displacements of cathexis and the regressions that

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[15] Schilder, 'Einige Bemerkungen zu der Problemsphäre: Cortex, Stammganglien—Psyche, Neurose', *Zeitschrift für die gesamte Neurologie*. Bd. LXXIV, 1922.

[16] I do not claim for this formulation any peculiar merit of clarity, and it is by no means my intention to oppose it to the conception of *déjà vu* of which Freud is the exponent and to which both Schilder and Pötzl in the main subscribe. Rather I hope that it fits in with their notion, although I have viewed the matter from a somewhat different standpoint.

I have already described, is much further advanced in the body ego than in the perceptual ego which, as I have shown, still retains its structure together with part of its cathexis and—one might almost say—*refuses* to give them up. It would seem that we are dealing with a dissociation between two components in the sleep of the brain. There is a partial loss of reality in the sense that the reality-testing function, though preserved, is devoted to the observation of the phenomenon which is being experienced, which means that that phenomenon is not acknowledged to be wholly real. A kind of 'estrangement' takes place between two parts of the ego, the one, which is wider awake and remains on a higher level of differentiation, observing the other, which has already regressed a long way and is revelling in the hallucinatory possession of an object that in reality has been lost. But this observation itself interferes with the enjoyment of the hallucination. Hence, perhaps, the assertion: 'It's not unpleasant but also not pleasant.'

In some cases the withdrawal of cathexes and the changes within the whole realm of the ego do not proceed altogether smoothly. The disintegration of parts of the ego and the diminution of differentiation in the ego as a whole, which occur in falling asleep, in fever and in certain toxic states, especially those associated with poisoning of an alcoholic type, may be said to produce a weakening of the ego, especially in its superior parts. This makes it easier for tendencies which are usually repressed to come to the fore. Let me for the sake of brevity give a schematic illustration. Infantile masturbation, practised while the child is going to sleep, is accompanied by incestuous phantasies which the super-ego repudiates. (I may remind my readers that Fenichel [17] has drawn attention to the part played by this type of masturbation in hypnagogic states in general.) The process of falling asleep is threatened with interruption by a conflict between different mental institutions. The body ego is, at the moment, in a state which represents, amongst other things, a very early situation of satisfaction, and it offers itself as a substitute for the disturbing genital instinctual wish directed towards the incestuous object. Instead of this, there appears the situation of the infant at the breast or in the womb, either situation innocent and not subject to any prohibition. Thus both tendencies are satisfied: the movement of repudiation, sponsored by the super-ego, and the urge of the instinctual wish. But if the ego

[17] 'Ueber organlibidinöse Begleiterscheinungen der Triebabwehr', *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1928.

has the power to arrange matters thus, we may conclude that it is normal for these early ego-attitudes to be assumed when we are going to sleep, even if we are not conscious of them. In the instance given, the ego makes use of these attitudes in order to master the situation of conflict, so that the process of going to sleep may be carried through. It is the *repressed* instinctual wishes, charged as they are with id-libido, which occasion the phenomenon, with its Cs. quality. The instinctual wishes are allayed and gratified by the revival of quite early situations of bliss. A restoration has taken place of one of the ontogenetically earliest factors upon which going to sleep depends. Libidinal cathexis of the genitals is diffused throughout the whole body—the whole body becomes a phallus. This aspect of the phantasies of intrauterine existence and rebirth has already been clearly seen. But I wish again to emphasize the fact that the hallucinatory revival of these long abandoned or lost objects is conditioned by a complete regression of the ego.

We have good grounds for saying, therefore, that in the phenomenon which we have been studying we can observe the regressive revival of ego-attitudes which from the ontogenetic standpoint are primitive. From the dynamic standpoint, the entry into consciousness of this stage of ego-development depends upon an accession of id-libido. It cannot be denied that *phantasies* of a later date concerning the situation in the uterus, at birth and at the mother's breast are also involved in this regressive movement, and emerge in the form of the sensations which I have described. But the real point at issue is the fact that the primary attitudes of the organism can be revived.

It is a happy dispensation that the ego has not full control over the mechanism of sleep. Freud has shown that ' an essential pre-condition for the institution of the function of reality-testing is that objects shall have been lost which have formerly afforded real satisfaction '. [18] In dreams and in the phenomenon which is the subject of this paper we have the best authenticated instances of the way in which that function may be renounced in order to conjure up lost objects and submerged worlds.

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[18] ' Negation ', this JOURNAL, Vol. VI, 1925.

ABSTRACTS

General

Otto Fenichel. ' Fruehe Entwicklungsstadien des Ichs.' *Imago*, 1937, Bd. XXIII, Part 3, pp. 234–269.

The paper surveys our present knowledge of the early phases of ego-development. It begins with a critical description of the sources from which we derive our knowledge. The newly-born child is much more helpless than most of the newly-born mammals. Its perception of the surrounding world is as little developed as its motility, and it is unable to bind internal tension by countercathexis. This is what we mean by saying that the new-born child has not yet developed an ego. The development of the ego starts with birth and finishes with the decline of the Œdipus complex. The first traces of consciousness do not make a differentiation between ego and non-ego. Tension and relaxation are its first contents. The first recognized object has its root in a frustration-situation ; something, which is already known, and which has on previous occasions removed a tension, is lacking. Primitive perception is closely linked up with motor reaction. Each stimulus calls for an immediate discharge of tension. Another characteristic of primitive perception is its close relation to identification. The first reality is the eatable. Fenichel then deals with the question if introjection is necessarily ambivalent. He answers the question in the negative as love and hate are, at this primitive state, not yet developed as opposites. It is not quite accurate to say that the primitive ego is weak. It is true that the ego is rather helpless against its own impulses, but as it still includes the surrounding world it considers itself omnipotent. The ' omnipotence of thought ' is only a special case of this general omnipotence. The ' omnipotence of movement ' is experienced as magic force when the external world reacts to screaming and unco-ordinated movements by relieving tension. The separation of the ego from the external world is a gradual process. Introjection and projection are based on the reversible character of this preliminary separation. When the child is forced through experience to give up the belief in its own omnipotence it still believes in the omnipotence of adults, and attempts to regain its omnipotence by introjecting them. The child at a stage when it is still governed by the Nirvana-principle uses the external world to satisfy its own needs, and one is justified in talking of a ' passive object-love '. Its archaic character manifests itself in the child's attitude. The child wants to receive something from an object, but as soon as it has received it the object loses its interest and is again alloyed with the ego. Fenichel objects to this ' passive object-love ' being called primary, as it

is secondary to a primary state where objects do not exist at all. The third state of ego-development is that of love.

Apart from perception the child establishes contact with the external world through motor activity. It learns to master its motor apparatus gradually along with the development of its sense-organs. Unco-ordinated movements which are nothing but reactions of discharge are substituted by purposeful actions. But actions are not possible unless a certain space of time is allowed to elapse between the perception of tension and the reaction. The ability to tolerate tension is developed through ' binding ' primitive reaction-impulses by countercathexis. The next step is thus prepared : the development of judgement. Judgement implies anticipation of the future. One of the most important judgements is that of danger. At this point Fenichel recapitulates Freud's work on anxiety and its connection to danger-situations. So far as anxiety-contents are concerned the author refers to the mechanisms of introjection and projection. The next step in development is speech and thinking. Both are important elements in establishing the reality-principle. The process which started with the development of judgement is now further elaborated and differentiated. There is also a sort of thinking without words, ' preconscious phantasizing thinking ', which is used as a substitute for reality and, throughout life, remains at the magic level (day-dreaming). Thinking in words is a preparation for reality, and develops later into logical thinking.

Defence- and discharge-mechanisms are developed at the same time. The methods of defence are based on those which were previously used against outside objects. The most primitive defence is the reactive attitude of the ego ; the next step would be a more selective attitude aiming at a denial of undesirable objects. The mechanisms of projection and introjection are further developmental stages of activities such as ejection and incorporation. The conflict which makes the ego defend itself against an impulse is a neurosis. Most of the neuroses of small children are of this structure. So long as this conflict is not yet internalized it is more accessible to therapeutic activity. Fenichel stresses the importance of a prophylactic analysis in these cases.

The rest of the paper is devoted to the discussion of ego-fixations in relation to the development of neuroses. The super-ego, too, plays its part in establishing ego-fixations, but as it does not belong to the early phases it is not considered in this paper. Fenichel objects to the term of ' early infantile super-ego '. In his opinion it makes the pregenital world more difficult to understand, as this term belongs to a later developmental stage. The decline of the Œdipus conflict consolidates the ego, but this, again, is beyond the scope of this paper.

H. A. Thorner.

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Imre Hermann. 'Zur Frage der Libido-Kriterien.' *Imago*, 1937, Bd. XXIII, pp. 237–239.

In connection with Sterba's remarks on Bernfeld's paper on the classification of impulses, Hermann raises the question if pleasure is identical with sexual pleasure or if a number of different kinds of pleasure is to be assumed. He shews a theoretical possibility of introducing at least one particular pleasure of aggression apart from the libidinal one. To decide this question the objective method demanded by Bernfeld is necessary.

S. Bernfeld.

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CLINICAL

Lawrence S. Kubie. 'Relation of the Conditioned Reflex to Psychoanalytic Technic.' *Archives of Neurology and Psychiatry*, 1934, Vol. XXXII, pp. 1137–1142.

The author stresses Pavlov's experimental finding that all stimuli create zones of partial, circumscribed or diffuse cortical inhibition; hence the necessity for the analyst to be quiet, impersonal and relatively invisible, lest he 'blankets the patient's own cortical productions under strong inhibition'. The patient's free associations are regarded as a chain of conditioned reflexes, each acting as stimulus to the next.

Time relations are a fundamental feature of conditioned reflexes, and this is paralleled by the analytic finding that a time relation between associations indicates a dynamic connection, which need not be a logical one. Pavlov found also that instinctual tension was necessary for the operation of conditioned or unconditioned reflexes. In the same way, the analyst can avoid inhibition only by avoiding gratification of the patient.

W. Hewitt Gillespie.

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Sandor Lorand. 'Dynamics and Therapy of Depressive States.' *Psychoanalytic Review*, 1937, Vol. XXIV, No. 4, pp. 337–349.

In depressive patients there is invariably a painful early childhood, and one expects to find the earliest depression in infancy. The emotional environment of the adult depression is a situation which repeats the early environment.

In choosing depressive patients for analysis the degree of rigidity of the ego is an important factor. Too much plasticity of the ego means instability and extreme regressive tendency. With a strong ego, i.e. one with a degree of rigidity, the prospect of cure is better.

These conclusions are based on two to four year analyses of five cases of depression.

An important fact to consider in adjusting technique to these cases is that a frustrating punishing attitude on the part of the mother was present, that possibly a constitutionally strong oral eroticism made the patient more susceptible to the mother's attitude and that great jealousy was present. They therefore seek not cure but attention and care and there is a constant struggle with distrust. An indulgent attitude on the part of the analyst is, therefore, necessary, and the transference should not be interpreted until late in the analysis.

Clara Thompson.

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H. Crichton-Miller. ' The Frontiers of Psychotherapy.' (Being the Address from the Chair delivered to the Medical Section of the British Psychological Society on January 27, 1937.) *British Journal of Medical Psychology*, 1937, Vol. XVI, pp. 165–183.

Scientists are too apt to work in watertight compartments. In particular, the psychotherapeutist should be more ready than he often is to call in the help of his colleagues in neighbouring fields. The neurologist may not be able to assist the treatment ; but, without his diagnosis, neural infections or lesions, which need the bacteriologist or surgeon, may remain undetected. More may be hoped from co-operation with the endocrinologist, who, as Freud has suggested, may be able to vary the relative intensities of instinctive drives and so provide more favourable conditions for analytic work. The sociologist, too, might well combine with the psychotherapeutist in a mutual attempt, each from his own side, to lessen the gap between the psychological needs of the maladjusted individual and the exorbitant demands of the society in which he lives.

Not only the neighbouring sciences, but also ethics are, Dr. Crichton-Miller argues, necessary to the psychotherapeutist. Here the psychoanalysts come in for special criticism and are accused of reducing religion to ' that level where there is no vision, no adventure and no element of the Creative '. Their fault, therefore, is not that they have ignored religion, but that they have approached it scientifically.

Roger Money-Kyrle.

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Robert P. Knight. ' Practical and Theoretical Considerations in the Analysis of a Minister.' *Psychoanalytic Review*, 1937, Vol. XXIV, No. 4, pp. 350–364.

The analysis of a Protestant minister whose life history shews very clearly the neurotic basis of his religious beliefs is given in some detail, shewing the insurmountable obstacles presented when any attempt was made to analyse the religious attitude. Among the obstacles were the

reality considerations that religion was his means of livelihood as well as his means of prestige with his fellow men. Nevertheless, satisfactory improvement of the patient was obtained by limiting the analysis to an understanding of his socially unsuccessful neurotic attitudes.

From the result the author concludes that for some people religion may offer the best solution of the Œdipus problem, that in these cases it is best to limit interpretation of the religious factors to the points where his individual neurotic superstructure goes beyond accepted religious belief or practice. By this method, disabling neurotic symptoms can be removed without destroying the religious faith.

Clara Thompson.

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H. A. Thorner. ' The Mode of Suicide as a Manifestation of Phantasy.' *The British Journal of Medical Psychology*, 1938, Vol. XVII, Part 2, pp. 197–200.

Two cases of attempted suicide are described, and the means by which the suicide was attempted are related to material produced during analysis. It became evident that there was a close relationship between the method of suicide and the unconscious material. The interpretation of the would-be suicide cannot neglect this relation. In one case of poisoning oral material was prominent in analysis, and the attempt could be understood as a defence against persecuting oral phantasies. In the other case the suicide was attempted by strangulation, and this could be interpreted as an attack against the father's voice, which was the object of one of the greatest fears of the patient's childhood.

Author's Abstract.

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Bernard A. Kamm. ' A Technical Problem in the Psychoanalysis of a Schizoid Character.' *The Bulletin of the Menninger Clinic*, November, 1937, Vol. I, No. 8, pp. 275–284.

The analysis of a man between the ages of twenty-eight and thirty is reported. He had been treated previously between the ages of nineteen and twenty-eight by six analysts.

When he was six his parents quarrelled and separated, and a strict governess who punished him frequently took the place of his mother till he was fourteen. At that age he had been a few weeks in hospital in a state of severe anxiety thinking that eyes were looking at him in the dark. At nineteen just after beginning studies in engineering he became disinterested and idle, and henceforth was unable to continue his University work. During the next years he was not able to do more than simple clerical work.

During the first year of the analysis reported the patient talked almost continuously about psycho-analytic theory and its relation to his difficulties. He appeared passive, emotionless, obedient and clumsy, and his general appearance was about ten years younger than his real age. The analyst then decided to interpret the details of his behaviour as unwillingness to come to treatment, as resentment, and as indicating a desire to remain unchanged. Following these interpretations considerable distrust of his father, who had urged that the treatment be continued, and of father substitutes became manifest. It became apparent that his behaviour was designed to deceive everyone that he wished pleasure, thus avoiding punishment. His desire to avoid admitting anxiety had led to a secret scornful triumph and a denial of any need for pleasure. Through the uncovering of the concealed negative transference and by the working through of his previously acquired psycho-analytic knowledge in this new connection, he became able to love and work successfully, and his adjustment has improved during the three years which have elapsed since the cessation of treatment.

The author states that the patient's stiffness was related to the catatonic phenomena, and the distrust to the paranoid thinking of schizophrenia. He does not state whether the hallucinosis at fourteen or the regression at nineteen became understood during the analysis.

W. Clifford M. Scott.

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Denis Carroll, W. H. de B. Hubert, J. R. Rees and O. H. Woodcock. 'Symposium on "The Unwilling Patient".' *British Journal of Medical Psychology*, 1937, Vol. XVII, pp. 54–77.

Dr. Carroll discusses unwillingness in delinquent patients chiefly as it is related to their having appeared in court. The conscious unwillingness, the fact that the unconscious unwillingness is often similar to that found in perversions and the ease with which the therapy is identified with the punishment are the chief factors leading to technical difficulties. Ways of minimizing the difficulties by manipulating the relationship between the court and the therapist are discussed. Some hope for a shorter treatment which will result in social stability without effecting a radical cure is expressed. Dr. Carroll puts forward a tentative psycho-pathological classification of the types of unwillingness he has encountered and states that the greatest need at the moment is research into clinical types. Dr. Hubert discusses the unwillingness in homosexuals as related to the unmodifiable constitutional aspects and to the various aspects of cultural tolerance. Dr. Rees initiates treatment by trying to have the patient dissociate the physician's attitude to his 'antisocial behaviour' and 'he himself'. He stresses the importance of making the psychiatric examina-

tion before sentence. Dr. Woodcock mentions patients shewing denial of guilt, sulking, indifference, extreme talkativeness and over-co-operation.

W. Clifford M. Scott.

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Sexuality

R. Sterba. ' Uber Libido-Kriterien.' *Imago*, 1936, Bd. XXII, pp. 371–378.

Starting from Bernfeld's ' psycho-analytical ' criterion of libidinal processes (*Imago*, XXI, 1935), the author points out that Bernfeld follows Freud in evading a definition of sexuality. Sexuality is circumscribed by a reference to the ' usual sense of the word '. The first part of the paper is devoted to an exploration of that ' usual sense '. It appears that the criterion of sexuality is sexual pleasure. This view is corroborated by comparing various references made by Freud to sexuality.

Whenever a psychological phenomenon is assumed to be a sexual one it is essential for practical and therapeutical work to verify its sexual nature. This can be done in three ways :

(1) The most accurate method is that the patient recognizes the connection of the analytical material with sexual pleasure, or that he remembers it. In this way the experience is made by and within the patient's ego.

(2) The second method is not achieved by a process within the patient's ego. The analyst sees the connection of the phantasy-material with pleasure, but the patient remains unaware of it. This method is based on empathy. An example is the story of the man sitting on a pot with rats (*Collected Papers*, III, p. 304). This method, of course, has a wider range of error.

(3) The third method is the weakest. The results gained by the two methods mentioned above can be applied, by analogy, to other objects. This method was used by Freud in his paper ' Leonardo da Vinci : A Psycho-Sexual Study of an Infantile Reminiscence '.

Another aspect of sexual impulses has been introduced by the postulation of death-instincts. From this point of view sexual impulses are not to be recognized by the experience of pleasure accompanying them, but by the *effect* of binding together, of constructing etc. This criterion is called by Bernfeld ' physiognomical '. The physiognomical and psycho-analytical criteria are independent of each other, but one cannot overlook that the libido, in its most pronounced expression in the sexual act, shews a combination of both of these criteria : pleasure at its height *and* the

effect of binding two individuals together as well as the constructive effect of creating another being.

H. A. Thorner.

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Jeanne Lampl-de Groot. 'Hemmung und Narcissmus.' *Internat. Zeitschrift f. Psychoanalyse*, 1936, Bd. XXII, S. 198–222.

In each psychic process a certain intensity of instinct (which cannot be measured yet) has an optimal action on the ego, or in other words, only if an instinct of a certain intensity becomes satisfied, a maximum of ego activity is the result. If the quantity of instinct is larger than this optimum the functions of the ego become paralysed. The action is similar to that of a paralysing drug. If the quantity of instinct is smaller than the optimal quantity, ego activities are in the same way paralysed. Disturbances of ego function must therefore be expected in all cases in which the optimal quantity of instinct is not reached. Several factors are responsible for the possibility of satisfaction of an optimal quantity of instinct.

(1) The first factor is the absolute intensity of instinct. If the intensity of instinct becomes increased by normal or morbid bodily processes, as puberty, menopause or illnesses, an inundation of the ego with a disturbance of its functions is the result. If the absolute intensity of instinct is too weak, one can assume that the ego has no possibility of normal development.

(2) The second factor is the relative intensity of instinct, that is the relationship between the strength of the instinct and the strength of the ego. If a certain quantity of instinct works upon a weak ego, the ego becomes overwhelmed by the id. If the same quantity of instinct works upon a strong ego, two results are possible :

(*a*) the ego is able to admit that quantity of instinct which allows its optimal activity ;

(*b*) or the ego represses too much of the quantity of instinct and a disturbance of function is the result.

The ego may repress the instinct :

(*a*) in order to avoid a conflict with the id, if the instinct for instance is connected with an instinct not allowed to become conscious ;

(*b*) in order to avoid a conflict with the super-ego out of guilt-feeling ;

(*c*) in order to avoid a disturbance of narcissism or to deny a narcissistic grievance.

We see here, that not only the relative intensity of instinct is important, but that a third factor comes into play, namely :

(3) The topical point of attack of the action of instinct. This factor is again analogous to the specific action of certain drugs on certain organs of the body. Therefore it may be possible, that a certain quantity of

instinct would in itself not be too large for the strength of the ego, if it would not work on a particular point of the ego-organisation, for instance on the relationship of the ego to an extremely severe super-ego, or on a point where the narcissistic cathexis of the ego may become endangered. This last possibility seems to be of extreme importance. The author thinks that an instinct may become repressed very extensively, if it is apt to cause a narcissistic disturbance and that then it will be extremely difficult to undo this repression. The ego has to pay for such a full victory of repression with a restriction of function which it is extremely difficult to influence. It seems to be that an undisturbed libidinal cathexis of the ego is one of the most important factors of psychic health. This narcissism ought not to be rigid and inflexible as in psychosis. The ego must have a certain quantity of freely flowing energy in order to have an undisturbed relationship with the outside world. Under this condition the undisturbed narcissism gives the ego an inner and outer freedom which enables the ego to exercise the greatest amount of activity.

K. Friedlander.

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Otto Fenichel. ' Die symbolische Gleichung : Mädchen—Phallus.' *Internat. Zeitschrift f. Psychoanalyse*, 1936, Bd. XXII, Hf. 3, pp. 299–314.

In an analysis of a transvestite it could be seen for the first time, that the symbolic formula : penis-child, can also appear in the special form of penis-girl. It is known that girls in their unconscious fantasies identify themselves with a penis. The formula of this identification is : I have stolen the penis and have eaten it up, and now I have become a penis myself. Fenichel describes briefly the case of a female patient who effected a compromise between her masculine and feminine tendencies by loving a man and fantasying that she was his penis. The penis also represented the womb and the embryo in the womb. The fantasy served the repression of another idea : I rob the man of his penis and must therefore be afraid of him. The Œdipus fantasies of this patient and her associations shewed a connection between phallus-figures in fairy tales and ' saving small girls (*rettende kleine Mädchen*) ' like Mignon, King Lear's youngest daughter and so on. Fenichel assumes that apart from their significance as ' saving fantasy ', these small girls have perhaps also the significance of a penis, and he strengthens that supposition with a number of facts taken from literature and his own observations. The figure of the ' phallus-girl ' gets endowed with further details by the analysis of the qualities of clown-figures. Apparently the fantasy of the ' phallus-girl ', which appears in the analysis of men as well, is a fantasy in which male and female narcissism, the male and female instinct to be looked at, are condensed. The fantasy of the ' phallus-girl ' has apparently a relation-

ship to two forms of perversion, to a certain kind of masochism and to sodomy.

K. Friedlander.

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Marion Piddington. 'The Frustration of the Maternal Instinct and the New Psychology.' *The Australasian Journal of Psychology and Philosophy*, 1937, Vol. XV, pp. 205–220.

The author states that repressed maternal instinct is the major cause of all women's neuroses; that this instinct is different from all other instincts and cannot be sublimated.

M. G. Evans.

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G. Barag. 'Zur Psychoanalyse der Prostitution.' *Imago*, 1937, Bd. XXIII, pp. 330–362.

The paper is based on the study of psycho-analytical and other literature. The economic explanation of prostitution is refuted and a psychological one demanded. Various religious and folkloristic institutions throughout the centuries shew connections between prostitution and pre-genital impulses. The man's longing for the 'pre-genital' mother leads him to the prostitute on whom he also transfers the hostile components of that relationship as evidenced in his contempt for the prostitute. The emphasis laid on the condition that no child should arise out of the client-prostitute relationship is explained as inherent in the pre-genital constellation of impulses and further due to guilt and the necessity to differentiate between the prostitute and 'the mother of children'. In turn this fact increases the hostility against the prostitute because she frustrates the man's wish for reconciliation with the father through the son. In passing it seems worth mentioning that in the author's opinion the wish for a child is synonymous with that for a son. The essential motives of the prostitute in choosing this profession are the wish to identify with and triumph over the milk-giving mother, oral greed, revenge impulses towards the frustrating father, penis-envy and castration tendencies. Guilt and anxiety for these hostile impulses lead to resign the wish for children although she is supposed to be very fond of children.

The author does not claim to have solved the problem of prostitution, and recommends the psycho-analytical investigation of cases and special problems within the field of prostitution. Prostitution may occur as a passagère neurosis.

Paula Heimann.

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APPLIED

A. Gross. ' Zur Psychologie des Geheimnisses.' *Imago*, 1936, Band XII, pp. 202–209.

The paper is based on a Short Communication given in 1923 by the author to the Berlin Psycho-Analytical Society on the analytical examination of the unconscious meanings and functions of the ' Secret '. The publication has five sections.

I. Starting from the example of Dostojewsky's ' Youth ', the special phantasy-thought is shewn which is associated with the term ' secret '. Then the conception of secret in every-day life, its dynamics and relations to property are examined. Secret as a possession connects the advantages of material property with those of bodily organs, having furthermore the possibility of regeneration. Content and function of the secret have to be discriminated, the one as hidden summary of facts, the other as the mental action of keeping a secret. The author reveals the ambivalent conflict between giving and keeping, raising the question of unconscious identity of secret and secretion. This connection is as well shewn in the linguistic similarity and the word's origin. (Latin *secretum*, *secernere* = put apart.)

II. Contains practical analytical observations summarized as follows :—

(1) Unconsciously there is a near relation between secrets and secretions, but only the content of the former can be identified with the latter.

(2) The conception of secret is changeable. Its changes correspond to those of the sexual régime.

III. The changes above the anal phase are more closely observed. During puberty, secret plays rather regularly an important part.

IV. Shews the relation of the phenomenon to the infantile sexual life and the Œdipus complex. The author stresses the importance of the child's discovery of this phenomenon and the traumatic influence of mistakes which adults commit, refusing or avoiding explanation.

V. Summarizes the results in six paragraphs.

The author named his publication ' The Secret '. The title was changed by the editor, without the author's knowledge, into ' On the Psychology of the Secret '.

Author's Abstract.

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Pryns Hopkins. ' A Critical Survey of the Psychologies of Religion.' *Character and Personality*, 1937, Vol. VI, No. 1, pp. 16–35.

The books and papers which have tried to explain religious phenomena psychologically are first classified under a half-dozen main categories.

These are called the rational-naturalistic, economico-sociological, anthropological, classic-psychological, libidinal and eclectic, respectively. Under each of these headings mention is made very briefly of the earlier writings, unless their importance demands more consideration. To most of the more recent works greater space is given, amounting to a condensed book-review of each.

The summaries of psycho-analytical writings follow a paragraph on the early phallic interpretations of religion and are followed by mention of some modified analytic writings, all these being jointly placed under the head of ' libidinal ', since the editor had requested that the number of separate groupings should be reduced.

Attention is first given to Freud's *Totem and Taboo*, and *Future of an Illusion*. Then are considered Theodore Reik's *Ritual* and *Surprise and the Psycho-analyst*, and his papers in *Imago* on ' Dogma und Zwangsideen ', and in the INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS on ' Mysticism and Occultism ', ' The Therapy of the Neuroses and Religion ', ' Mythology ', and ' The Strange God and One's Own God '. E. Harms' ' Die Struktür des Religiösen Menschen ' is also mentioned, and a chapter in Otto Pfister's *Some Applications of Psycho-Analysis*.

These were originally written in German. The only paper in French noted is Marie Bonaparte's ' La pensée magique chez le primitif ' in the *Revue Française de Psycho-Analyse*.

In English we have had first of all Ernest Jones' ' Symbolic significance of Salt ' and ' Impregnation of the Blessed Virgin through the Ear ' in his *Essays in Applied Psycho-Analysis*, part of a symposium on Christianity, the second and fourth quarters of his work on *The Nightmare*. Next in importance have been Roger Money-Kyrle's *The Meaning of Sacrifice* and Melitta Schmideberg's papers in the INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, and part of J. C. Flugel's *Psycho-analytic Study of the Family*. Mention is also made of Owen Berkeley-Hill's contribution in the JOURNAL on ' Religion, Philosophy and Character of Hindhus ', Moxon's *Freudian Essays in Religion and Science* and David Forsyth's *Psychology and Religion*.

In America Theodore Schroeder is credited with numerous short monographs.

The survey closes with a recommendation to intending psychologists of religion to look for fresh material in untapped sources, e.g. first the occasional descriptions of exotic religious festivals in the *Penang Gazette*, S.S., or secondly in summaries of contemporary theologies, such as Wieman and Mieland's *American Philosophies of Religion*—to which last he would now add F. N. Smith's *Elements of Comparative Theology*.

Author's Abstract.

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Cora DuBois. 'Some Anthropological Perspectives on Psycho-Analysis.' *Psychoanalytic Review*, 1937, Vol. XXIV, No. 3, pp. 246–263.

The fallacy of premature psychologizing about history is first presented. The question is raised, do primitive people represent earlier phases of psycho-cultural adjustment? Against this is the fact that so-called primitive groups exist to-day whose cultures are presumably as old as those of civilized man. The term primitive is found to need definition, since it is used sometimes to mean archaic; i.e. early in time; sometimes it is applied to illiterate people, and sometimes it is used to mean simple as opposed to complex.

A comparative approach to the study of anthropology offers more than the historical. It requires only one assumption, that of the psychic unity of mankind. This assumption has as substantiation the following:—

(1) Workers with aborigines have the intuitive feeling that the aborigines do not differ from themselves in mental processes.

(2) Aborigines placed under the influence of the culture of Western Europe have adopted to it.

(3) By tests it is impossible to discover differences not attributable to cultural conditioning or the nature of the test devised.

(4) There are certain constants in the dream forms of widely separated peoples.

(5) Large categories of institutionalized behaviour shew certain unanimity in psychic constitution; e.g., marriage, incest tabus, æsthetic attitudes and religious beliefs, although treated differently, are important in all groups.

On this basis one can make the following generalizations:—

(1) All groups have the same human potentialities.

(2) In all the conscious is composed of what is generally allowed.

(3) All have undergone a series of developmental repressions to conform to the culture.

What fields would be mutually profitable to psycho-analysis and anthropology? The following problems are suggested for joint investigation:—

(1) The universality of Freud's mechanisms. Do sublimation, displacement, rationalization, etc., occur in all cultures?

(2) The similarity of dreams and dream-symbols in various cultures.

(3) Do all cultures pass through the four libido stages? This raises such questions as is the latency period cultural and what effects have different weaning and sphincter training customs on oral and anal phases?

(4) Is the Œdipus complex universal?

(5) How is a child socialized?

(6) Which sex characteristics are biological and which cultural?

(7) Are psychoses simply cultural judgements, or, are psychoses constant and certain types culturally protected?

(8) How far are the rituals of culture organized to satisfy the individual as a social and cultural organism ?

The author believes that cultures which least distort the instinct equipment are the simplest and least dynamic.

There are three types of dysfunction in adaptation :—

(1) The conflict between two ideologies in the same culture ; e.g., aggressive competition and humanitarian impulses.

(2) The conflict between theory and practice ; e.g., theory of equal opportunity.

(3) The conflict of human biology and social forms ; e.g. physiological sex maturity *versus* sociological.

Clara Thompson.

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Fritz Wittels. ' The Criminal Psychopath in the Psychoanalytic System.' *Psychoanalytic Review,* 1937, Vol. XXIV, No. 3, pp. 276–291.

The paper discusses the over-promiscuous psychopath and the criminal psychopath. The creative psychopath is not presented.

The fixation point in psychopaths is found in the phallic phase where sex differentiation is not yet decisive and the Œdipus conflict and castration fear have not yet appeared. Thus the psychopath is bisexual without guilt ; i.e., unlike the neurotic he feels no need to conceal his bisexuality. The Don Juan plays up his feminine side as well as his masculine.

In the criminal psychopath one or both components have been desexualized not because of guilt but because of impossibility of fulfilment in reality.

Clara Thompson.

BOOK REVIEWS

Psycho-Analytical Epitomes

No. 1. *A General Selection from the Works of Sigmund Freud.* Edited by John Rickman. (The Hogarth Press and The Institute of Psycho-Analysis, London. Pp. 329. Price 5*s.*)

No. 2. *Love, Hate and Reparation.* By Melanie Klein and Joan Riviere. The Hogarth Press and The Institute of Psycho-Analysis, London. Pp. 119. Price 3*s.* 6*d.*)

This new series appears to have manifold aims. It will present selections from Freud's writings on different subjects, popular presentations of various aspects of psycho-analysis, and suitable essays on special studies.

The first volume belongs to the first of these categories and is of a general nature. It purports to present a representative selection of Freud's writings on psycho-analysis, which should give the general reader a bird's-eye view of the whole subject, though more particularly from the clinical side. More specialized selections will presumably follow.

The work of selection in this volume, an extremely difficult and invidious task, has been performed with Dr. Rickman's usual care and thoroughness. Such a book would be very useful for the purpose of recommendation to those who wish to approach the subject for the first time.

The second volume in the series belongs to the second category. It consists of two lectures, probably revised, delivered to a public audience under the auspices of the Institute of Psycho-Analysis. It would be invidious to compare the style of the two lecturers, each having such highly-marked characteristics. A feature of the book is the stress laid on the problems of the unconscious in the approximately normal subject, there being not a large number of studies of this kind. It would be superfluous to praise the writings of such well-known psycho-analysts and one need only say that the volume is one that fully sustains their reputations.

E. J.

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Common Neuroses of Children and Adults. By O. Spurgeon English and Gerald H. J. Pearson. (W. W. Norton, New York. Pp. 320. Price $3.50.)

This book is written primarily for the medical student and the general practitioner. It attempts to bring together the essential psycho-analytic material dealing with the more common neuroses of children and adults. While it deals casually with other approaches to these problems its essential orientation is to the rôle Freudian psycho-analysis plays in the understanding and treatment of the neuroses.

The book has many virtues. It reads easily. It is essentially clinically

oriented. It gives adequate pictures of the disease constellations and presents valuable aids to differential diagnosis. The indications for various types of psychotherapy are given in connection with each type of disturbance. The general concepts underlying their use are given ample attention. There are many practical suggestions as to the non-analytic handling of therapeutic problems. The references given are broadly chosen.

The authors' bias is distinctly toward psycho-analysis as the therapeutic method of choice. Occasionally they seem somewhat over-optimistic in their advocacy of its use as, for example, the implied promise of cure for the psychopathic personalities.

The procedure of psycho-analysis is only discussed briefly in the chapter on neurasthenia, although its general tenets are presented throughout the book. There is little description of child analysis, although its use is advocated in the hands of properly-trained individuals.

The psychiatric problems of childhood are considered under the general headings: Anxiety States, Psychogenic Disturbances of Physiological Functions and Disturbances of Social Adaptation. The adult neuroses, however, are not clearly pictured in *status nascendi* as they might well be in a book dealing with disturbances both of childhood and adult life. Perhaps in future editions a clearer picture of the developing neuroses can be presented.

In a book designed for medical students and general practitioners it is obvious that choices of theoretical formulations had to be made for the sake of clarity and consistency. This perhaps, of necessity, has led to over-simplifications, to over-broad generalizations and occasionally to the failure to accept the limitations of the present state of general psychoanalytical knowledge.

Thus the authors have adhered to the libido theory in its various aspects and have attempted to employ the ego-id-superego structural formulations. They recognize the important rôle of anxiety especially in connection with childhood difficulties. But their use of the anxiety concept runs into frequent difficulties when they attempt to correlate it with the disposition of libido and the intra-personality conflicts. In general they deal with anxiety as a sign of a wish that will lead to what they call the three major fears of childhood, namely, desertion by the parents, loss of parental love, and bodily injury, mutilation or death. These they associated with different stages of development. Thus the emotional outburst of the hungry infant who is forced to wait for a feeding is interpreted as a fear of being overwhelmed by the all-powerful internal tensions and also as a fear of being deserted by the mother who could relieve the tensions. At two or three, the same tensions are feared because they lead to acts which would lead to a loss of the mother's love. At four or five the inner tensions are supposedly feared lest they cause retaliatory physical punishment (since

he has the desire to kill when he is made angry). Occasionally the authors revert to the concept of dammed-up libido as the source of anxiety.

All of these concepts may be true in certain situations. However, the authors do not differentiate from these occasions where the anxiety is a danger signal or part of a complicated defensive system. They fail to make clear the magical defensive nature of the child's emotional outbursts or the child's fears of the magical destructive power of its own reactions. The checking rôle of anxiety on the child's own self-damaging tendencies is also not clearly revealed. The acting or playing out tendencies are perhaps insufficiently stressed. Fear and anxiety are occasionally interchanged while at other times they are used as explanations for each other.

It is obviously unfair to pick out such fragments for criticism from a book as closely packed and comprehensive as is this one. It fills a definite need and can be recommended to students and general practitioners. From it can be obtained a good view of the Freudian psycho-analytic hypotheses as applied to the common neuroses of children and adults. Further editions will undoubtedly take on increasing value with the further advances of psycho-analytic clinical investigation.

Richard L. Frank.

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Child Psychiatry. By Leo Kanner. (Baillière, Tindall and Cox, London, 1937. Pp. xviii + 528. Price 27*s.*)

This text-book, which has Prefaces by Dr. Adolf Meyer and Dr. Edwards A. Park, is built on a comprehensive scale and has at present no rival. It is the natural product of the organization at the Johns Hopkins Hospital of opportunity for co-operation between pediatrics and psychiatry, and colossal indeed must be the clinic of which Dr. Kanner is the head. The amount of work implied in the case material is enough to take away the breath of anyone actively engaged in such work and familiar with its time-eating quality.

Moreover, the type of the case material given is indicative of satisfactory contact between social worker and patient, the latter being always reckoned as a human being with a body, an intellect and feelings.

An attempt is made to embrace the whole of child psychiatry, and the result is a certain tedium which is perhaps inevitable in so ambitious a work.

In Part I, after a statement of basic principles, a hundred pages is given to examination and diagnosis. Following this is a chapter on therapeutics. This is the least satisfactory part of the book, and gives the reader warning that he must not expect to find in subsequent pages much that is of value to the scientific psychologist.

Part II is in three sections. The first (fifty pages) is headed ' Personality Difficulties Forming Essential Features or Sequels of Physical Illness ', and

is divided into Anergastic Reaction Forms (brain malformations, mongolism, encephalitis, juvenile paresis, cerebral trauma, etc.), Dysergastic Reaction Forms (delirium, hallucinosis, stupor, coma), Sydenham's Chorea and the Endocrinopathies.

The second section (seventy pages) is headed ' Personality Difficulties Expressing Themselves in the Form of Involuntary Part-dysfunctions ', the chapters dealing with the different systems, central nervous, digestive, circulatory, and so on.

The third section (240 pages) is headed ' Personality Difficulties Expressing Themselves Clearly as Whole-dysfunctions of the Individual '. Its thirteen chapters deal with all the remaining symptom types, intellectual inadequacy, emotional disorders (jealousy, tempers, fear), thinking difficulties, speech disorders, faulty feeding habits, and so on, including at the end a chapter on children's suicides.

This classification is interesting and is faithfully worked out, but it somehow fails to convince. It necessitates much overlapping, and it is artificial. It pays little tribute to the ordinary psychiatric diagnostic groupings, and fails to point out or to account for the normality of so many of childhood's symptoms.

In fact, it is necessary to make it clear that, in spite of the great amount of work put into it, the book is entirely without originality to the psychologist. And a more serious criticism (since text-books are seldom original) is that the author is quite out of touch with the psychology of the unconscious, and with psycho-analysis and the results of child analysis as practised and published in England. A good text-book of child psychiatry cannot be compiled to-day by one who is unfamiliar with the meaning of psycho-analysis. It is unbelievable that a text-book coming from the distinguished Johns Hopkins Hospital should show such lack of knowledge of relevant literature, and it can safely be said that a text-book on physical medicine with a comparable deficiency could not have come from this source.

Actually, if the author believes in the unconscious he does not make this clear. In a rare mention of the word ' unconscious ' he shows that he thinks that by this word is meant little more than a lodging-house for repressed sexual desires (p. 7). The idea of important unconscious fantasy and of the child's identification of the unconscious with the inside of the body, and such a conception as that of unconscious guilt, these and their like seem to be foreign to him.

In place of an understanding of the psychology of the unconscious there is to be found throughout the book the usual over-stressing of what might be called ' the continuing bad external factor ', such as characterizes the publications of all Child Guidance Clinics of American pattern.

D. W. Winnicott.

Alcohol : One Man's Meat. By E. A. Strecker and F. T. Chambers, Jr. (The MacMillan Company, New York, 1938. Pp. xvi + 230.)

Within recent years there has appeared a series of books designed to appeal to popular interests in the matter of alcoholism. Many of such books have served to give a descriptive picture of the alcoholic's reactions to alcohol and to the environment, but they have contributed little to a better understanding of the problem.

Strecker and Chambers, on the basis of extensive clinical experience, have incorporated a clinically scientific attitude in their approach to this most difficult field. In the first place, they emphasize that it is not desirable to think of all alcoholic individuals as presenting a similar problem. ' Alcoholism is an illness ' ; rather, the alcoholic individual is an ill person, ill in the sense of possessing a personality that cannot sustain a high level of adjustment over a continuous span of years. Alcohol strips off the ' veneer of adulthood ' and causes self-critique to disappear ; ' alcohol is utilized as an escape from the responsibility and burden of mature life and its decisions ', leading to infantile or primitive, archaic behaviour. Not all alcoholics, however, regress to the same level ; some regress to the level of puerilism, others only to that of adolescence.

But there are other qualities that serve to distinguish members of the group, and which help to determine amenability to treatment. When abnormal alcoholism is associated with a frank mental disorder, or with feeblemindedness or with that large group of individuals classified as ' constitutional psychopathic inferior ' or with grave personality defects, the outlook, with the type of therapy recommended by the authors, is unfavourable. Moreover, their plan of treatment may not be expected to act favourably when the alcoholic is of the aggressive type, ' temperamentally anti-social and inconsiderate ', or when he is impulsive, impatient, restless ; or ' adynamic ', that is, dull, listless, ambitionless ; or when his fundamental reactions are primitive, that is, instinctual.

There is one type of abnormal alcoholic that Strecker and Chambers believe responds very well to psychotherapy. He is the potentially psychoneurotic alcoholic, the individual who wards off a full-blown psychoneurosis by recourse to alcohol. This type forms the real reason for their book, it is this type that is amenable to psychotherapy that aims to elevate the individual from his regressions and to integrate him at a level appropriate to him.

It is interesting to note that the authors find that abnormal alcoholism is associated pre-eminently with the introverted type of individual. Obviously treatment aspires to externalize their interests. ' Alcoholism is a neurotic retreat from reality ', for which the authors recommend a variety of socializing agents.

It is to the credit of the authors that they have made an honest and

sound effort to survey the field of alcoholism. They offer a plan of therapy that has worked extremely well with them. It may be the opening wedge for renewed investigation and therapy in a field in which great pessimism prevails.

Leland E. Hinsie.

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Modern Psychology in Practice. By W. Lindesay Neustatter. (J. & A. Churchill Ltd., London, 1937. Pp. 299. Price 10*s.* 6*d.*)

The author has apparently unwittingly followed his own facetious formula for successful psychological writing. 'The only safe formula appears to be to say nothing at all which could possibly offend anyone, while taking great care to put in something to please everybody. Passing tribute should be paid to Freud, while deploring his theories on sex; and in conclusion the existence of an unconscious should be denied.' With regard to Freud's sexual theories, for example, he deplores the use of the word sex in connection 'with early emotions not tinged with overt sex', as likely to evoke misunderstanding. As to the existence of the unconscious his attitude is more complicated; he would, no doubt, deny his disbelief. By his examples and methods, however, he shows that his belief is static, and lacking in any vitality. The unconscious is a far off region, which usually has no importance to normal individuals, but which may, unfortunately, have to be considered in certain stubborn pathological conditions which will not respond to simple therapeutic methods. The unconscious as a vital dynamic part of all human beings, well or ill, has no meaning for him. This attitude, it seems. is common to those who deal with psychotherapy without convincing personal experience of the reality of the unconscious.

Elizabeth Rosenberg.

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The Psychology of Reaction. By R. Osborn. (Victor Gollancz Ltd., London, 1938. Pp. 319. Price 7*s.* 6*d.*)

Mr. Osborn uses psycho-analysis to explain to Socialists and Communists the unconscious motives of their opponents. Fascism, both German and Italian, and its various manifestations, Nationalism, the Corporate State, Demagogy, Leader-worship, Hitler's God Complex, Anti-Semitism, Racial theory and Sadism, are all discussed. He also deals with Trotskyism, and gives his theory of the Russian treason trials. In an Appendix he explains why psycho-analysis is more consistent with Marxian ideology than is behaviourism, and defends Freud against the charge of Idealism. There is a great deal of discussion of Fascism from the political and economic standpoints, and such psycho-analytic theory as is used is elementary. The sections dealing with Leader-worship and Demagogy contain no reference to Group Psychology, nor is the castration

complex mentioned in the discussion of anti-Semitism. This superficial treatment is perhaps natural in a book whose purpose is political and not scientific. ' The better knowledge of our fellow human creatures which psycho-analysis gives us ', says Mr. Osborn, ' is a weapon which we can use, with effect, in our struggles. We cannot afford, in a superior fashion, to stand aside and leave the field clear for reactionaries to exploit men's unconscious life.' If the book brings home to Left-wing politicians the importance of unconscious mental processes it may do something to clarify the turgid realm of human politics and thus achieve a useful purpose.

Roger North.

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Individual Psychology Medical Pamphlets, No. 18

The Management of Early Infancy; Puberty and Adolescence; The Psychological Approach; The Neurotic Character. By E. Joyce Partridge, H. Crichton-Miller, T. A. Ross and F. G. Crookshank. (The C. W. Daniel Co. Ltd., London, 1937. Pp. 24. Price 2*s.* 6*d.*)

This pamphlet contains four separate and quite unconnected papers. In the first Dr. Partridge rather apologetically discovers the importance of mother love. Dr. Crichton-Miller, in a short paper entitled *Puberty and Adolescence*, ascribes most difficulties to fear of adult responsibilities. Dr. Ross and the late Dr. Crookshank both show their moralistic dislike and disapproval of neurosis as a means of avoiding unpleasant situations. None of these contributors appear to have any insight into dynamic unconscious forces, and from a psycho-analytic point of view, the pamphlet has therefore no value.

Elizabeth Rosenberg.

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Sex, Custom and Psychopathology. A Study of South African Pagan Natives. By B. J. Laubscher. (George Routledge & Sons, Ltd., London, 1937. Pp. ix + 347. Price 21*s.*)

A book that is unique in its kind and should prove of great interest both to the anthropologist and the psycho-analyst. The author started with the study of cases of schizophrenia in the Queenstown Mental Hospital and then proceeded to an anthropological study of the Tembu tribe. In both capacities, as anthropologist and as psychiatrist, he gives us first-rate stuff. If we add that he uses psycho-analysis to explain his data abundantly and always correctly there is hardly anything left to desire. As far as I am aware, the author is not a trained psycho-analyst, and his book would be still more valuable if it contained analysed dream material. But it is not fair to ask for more when we receive so much. The book is full of valuable information on the sexual life of the Tembu. The custom of *metsha* reminds me somewhat of what I know about courtship practices

on Normanby Island. ' The word *metsha* denotes courtship as well as a form of pseudo-sexual intercourse. The latter is performed by facing the girl and placing the penis between the thighs. The Fingos claim that the penis may be brought in close proximity with the female sexual organ without penetration. The Tembu assert that this is definitely not allowed. According to them the penis may only be placed between the thick and soft part of the thigh. One doubts whether this is actually so in practice ' (p. 79). ' It is of psychiatrical interest that schizophreniac patients declare that they never *metsha-d*, when at the same time they are quite frank about other serious forbidden practices.' The author attributes this to the strong narcissism of the schizophreniac (p. 80). A peculiar custom that exists in connection with the *metsha* shows an erotic fixation to the mother and a phantasy participation of the mother in the sexual life of her daughter. ' The examination by wives of the sexual organs of girls is an interesting feature in their culture. According to native custom the mother is required to examine her daughters while at home every three days. The girl is placed on her back in a good light with her legs widely extended. The examining woman merely looks at the vulva ; the parts are not examined by hand. These wives maintain that where they can see into the vagina and where the labia do not approximate in a natural manner, there penetration has taken place ' (pp. 78, 79).

In some respects they seem to differ from what we know about most primitive people. The parents never cohabit in their hut while the children sleep there (p. 80). While the duration of the sexual act seems to exceed the European average with most primitive people here we are told that ' the main concern in the sex psychology of the native is to attain an orgasm as quickly as possible during coitus ' (p. 77). The amputation of the first phalanx of the third finger on the left hand, which is customary in certain families and frequently used as a method of treatment of resistance to bladder and bowel training, or as a treatment for a prolonged illness, seems to be especially frequently found in the case of psychotic hospital patients (p. 73). The author gives a very good psycho-analytic explanation of a case of witchcraft (p. 20). His general opinion on native culture is that ' the cultural status is phylogenetically on a par with the Œdipus complex phase in ontogenetic development. The ancestors become parent surrogates and his security means a constant assurance of their love ' (p. 58). The theory supported especially by Hungarian psycho-analysts on the importance of early object relations finds a support in the following custom. ' As soon as a child is born it is first given some special medicine and thereafter given the breast. This is a dramatic moment, for should the child refuse to drink, the mother is suspected of being associated with witchcraft ' (p. 68). Penis envy is shown quite definitely in the behaviour of native psychotics (pp. 29, 30). An interesting

finding of the author is the belief in phallic demons which corresponds to my own Central Australian material. One of these is very prominent in the phantasies of female schizophrenic patients. It appears as ' a little black boy with a large penis indulging in sexual acts with the other patients ' (p. 12). The mamlambo, a sort of fairy, is, as the author recog nizes, clearly a phantasy equivalent of the mother. Before she gives herself to her human lover, his father must die (p. 32). The spirits called the River People figure in the anamnesis of schizophrenic patients. The author regards the River People as symbols of the super-ego (p. 6). ' The pagan native schizophrenic patient in his regression keeps on the whole within the fold of his cultural belief expressed as ideas, because the archaic and magical forms of thought are as much part of his normal state as they are of his psychotic state ' (p. 237). The author argues in favour of a somatic causation of schizophrenia. It is more frequent in pagan native patients than in Europeans, while if we assume it to be conditioned by cultural deprivation and subsequent regression, we should have to expect that it would be more prominent in the higher culture (p. 237). Here again we have something specific, as psychotic cases are not very frequent among primitives.

Géza Róheim.

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The Marginal Man. By Everett V. Stonequist. (Charles Scribner's Sons, New York. Pp. 222. Price $1.60.)

The difficulty of this author in handling his subject is mirrored in the difficulty he had in finding a title. The subject chosen is so huge—the development of people of mixed blood in lands where European-American (Western) culture has been superimposed upon local peoples and cultures —that all that can be attempted in 222 pages is a summary. To say as the book ' blurb ' says, that ' this is the first thorough working out of a new hypothesis concerning the problem ' is misleading.

European culture since Columbus has spread over no less than the whole world, and as the author would be the first to admit, the problem of the Eurasian (English *plus* Hindu) in India is so fundamentally different from the position of the Jew in Austria to-day, or the position of the Indo-Europeans in Java, that no one book on such a huge subject can possibly be thorough.

What the author has achieved is, that in a flying trip around the world —jumping after four pages on the ' Indo-Europeans of Java ' straight across the Pacific (seven and a half pages) to the ' Part Hawaiians ', etc. —he has indicated for specialists where the main groups of ' marginal men ' may be found and where much valuable localized work may be done by sociologists, psychologists, anthropologists, and to a certain extent, rulers and statesmen.

The basic problem of the *Marginal Man* is the one called by sociologists the problem of the adjustment of racial minorities. It is in the field of understanding the psychology of this adjustment that the main contribution of this book lies. The author shows how the ' Marginal Man ' must suffer psychically, both in groups and in individuals. He is often without country, class, or race. Sometimes this has come about through transplantation voluntarily, sometimes through persecution at home, sometimes through force ; e.g. American Negro, or he may have simply remained at home and lost standing by miscegnation through conquest. In all these cases he suffers psychically from his failure to be completely accepted by either group from which he comes. He shuttles spiritually back and forth between the dominant ' race ' with which he usually first identifies himself, and the ' race ', colour, or religion to which he must return when rebuffed by those he thought in his youth were his own people. He may then find himself in turn rebuffed by the people or culture to which he is trying to return. He is, therefore, in a situation conducive to neurosis, not from internal but external reasons. He is in reality isolated in a hostile world. ' The conception which each individual inevitably forms of himself is determined by the rôle which fate assigns to him in some society, and upon the opinion and attitude which persons in that society form of him depends, in short, upon his social status. The individual's conception of himself is, in this sense, not an individual but a social product ' (Introduction, p. xvii).

From this follows the secondary hypothesis which is made strikingly convincing ; i.e. ' the more complete the identification with the dominant culture the greater the succeeding disillusionment and emotional reaction when the individual is denied the status to which he aspires. . . . The individual's pride and self-esteem suffer from the humiliation involved. He has shared too much with the other—he has given too much of himself —and the emotional rebound is proportionately the greater ' (p. 160). An example taken is an American Negro with white blood, brought up in a White neighbourhood, playing with White children. He begins by having no conscious feeling of difference between himself and his group. He considers himself (as he is in fact) just as much of an American citizen, born to his position, as his playmates. Then sooner or later comes a traumatic experience resulting in the shock of finding out that he is different (and always will be) from the group to which he had always assumed he belonged. He has only one consolation—that usually he is a member of a group who are sharing the same experiences and with their help he may be able to reorient his conception of himself into some sort of workable compromise conforming to the attitude of the society around him.

The magnitude of the problem discussed must be apparent even in this brief summary. One is not surprised, therefore, that the author's

conclusions seem of doubtful worth. Considering the area covered, he can only resort to sweeping generalizations. That these seem more in the nature of wishful thinking than of practical solution is not surprizing. He has, however, succeeded in presenting a vivid picture and one stimulating to further study of the psychological problem of ' Marginal Man ', whatever his immediate setting.

Clara Thompson.

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Love and Happiness (*Intimate Problems of the Modern Woman*). By I. M. Hotep, M.D. (Alfred A. Knopf, New York, 1938. Pp. vii + 235. Price $2.)

This book belongs to a group of popular scientific works published in America. It is peculiarly American both in the solemn naïveté with which it pompously announces home truths as profound discoveries, and in the great number of statistics it quotes. American women, it would appear, are bombarded by, and often answer, elaborate questionnaires about their sexual lives. Many of the author's conclusions appear to be true, wise, and unnecessary to say.

Elizabeth Rosenberg.

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Pseudocyesis. By George Davis Bivin and M. Pauline Klinger (Principia Press, Inc., Bloomington, Indiana, 1937. Pp. 265.)

It was the purpose of Dr. Bivin to collect all the reported cases of pseudocyesis and to publish a monograph upon this little known disease, in order to throw light upon an entire group of nervous disorders. After his death the research was continued and amplified by his assistant, Miss Klinger, and published as of joint authorship.

As presented the work consists of an analysis of 444 cases, of which 425 have been published previously.

In general, the symptomatology simulated pregnancy, with varying degrees of amenorrhœa, abdominal enlargement, breasts changes, including even milk secretion, nausea and the sensation of fœtal movements. More or less typical labour pains were simulated in about one-third of the cases.

The authors differentiate between the condition of pseudo-pregnancy occasionally found in animals and human pseudocyesis. The book does not include any of the recent data which point so inevitably to the endocrinological determinants of the former condition. In the future any cases of pseudocyesis will have to be studied from this aspect as well as to correlate the psychogenic and hormonal factors, primary and secondary.

The volume includes a most complete bibliography, which makes it a valuable source book for later research.

In the experience of the reviewer, although the classical full-blown cases are rare, milder forms, or *formes frustes*, are not uncommon. Analytic

investigations of a variety of abdominal symptoms frequently bring out the factor of a pregnancy phantasy. He has found this particularly true of a group of patients who complain of the symptoms of nausea, abdominal enlargement (often with aerophagia), and a sensation of something moving around in their abdomen, often with pain under the left breast. In many such cases there is revealed a conflict in regard to pregnancy, a wish combined with a fear. Not at all infrequently such a symptom complex makes its initial appearance soon after the death of a relative, as for instance the father or mother. This condition does not seem to be confined to women ; in men it is only discovered in the course of an analysis.

From the standpoint of the gynæcologist, it should be remembered that phantom tumours may occur without any demonstrable lesion, and on the other hand, certain very genuine enlargements, such as matted intestines from adhesions, can be utilized secondarily, in the dynamics of a neurosis.

It must be kept in mind that psychoses as well as hysteria can present the complete picture of pseudocyesis. One of the most striking cases that I have seen was in a woman who was amenorrhœic following a childbirth, and who did not menstruate even after the cessation of lactation. Instead, she had all the symptoms of pregnancy and a marked abdominal enlargement. At the expiration of nine months she made all the preparations for delivery, and went to bed with regular pains and violent efforts at expulsion of a fœtus. Investigation shewed that she had a manic depressive psychosis. The mania soon required institutional care, and she did not recover from the cycle for several years.

Sometimes it is difficult to differentiate between those cases which are initiated by a sudden glandular gain in weight with an associated amenorrhœa, in which the diagnosis of pregnancy is entertained by a physician or the patient herself, and the cases in which the idea of pregnancy antecedes the gain of weight. Combinations of two conditions, one primarily glandular, the other primarily psychogenic, are not only possible, but are, *a priori*, to be expected, because of the frequency of sterility in such women and the consequent mobilization of conflicts in relation to it.

On the whole this book amply fulfils its modest purpose in furnishing the available case material of a fascinating clinical entity.

Max D. Mayer.

*

Totemica. A Supplement to Totemism and Exogamy. By J. G. Frazer. (Macmillan & Co. Ltd., London, 1937. Pp. xii + 518. Price 25s.)

Since the publication of *Totemism and Exogamy* (1910), anthropologists have collected masses of evidence on these subjects and a part of this evidence is now gathered in this volume. It is especially in Australia that

our knowledge is rapidly increasing and about half of the book is devoted to that continent. The author has not included any of the reviewer's publications on Central Australian totemism in the sources he uses. The book aims only at presenting a collection of data and avoids anything in the line of theories and explanations.

Géza Róheim.

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The Earth Goddess. A Study of Native Farming on the West African Coast. By C. Howard Jones. (Longmans, Green & Co., London, 1936. Pp. vii + 205. Price 12*s.* 6*d.*)

The book is a decided disappointment for the reader who may be interested in anthropology or psycho-analysis. Although the author tells us that the book grew out of five years' observation of native peasant farming, it contains mostly speculation, theories and digressions, with very little positive information.

Géza Róheim.

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Witchcraft, Oracles and Magic Among the Azande, with a Foreword by Professor C. G. Seligman. By E. E. Evans Pritchard. (The Clarendon Press, Oxford, 1937. Pp. xiv + 558.)

This excellent study in Zande witchcraft contains a wealth of material on ' incorporated bad objects '. In the Foreword Professor Seligman says : ' Unless Dr. Evans Pritchard is entirely mistaken in his conclusions, he has discovered in *benge* something possessing a dynamism entirely alien to European modes of thought. True, it is endowed with this by man, it will not work unless the taboos are kept ; yet benge, in the words of the author ' hears like a person and settles cases like a king, but it is neither a person nor a king but simply a red powder ' (p. xxii). This red powder is manufactured from a forest creeper and mixed with water to a paste and the poison is administered to fowls as a method of oracle. The area over which the fowl oracle is used seems to agree more or less with the area of the belief in witchcraft as a material substance in the belly (p. 26). Fowls are kept mainly for this purpose for the oracle acts through fowls. But the Zande do not regard the death of the fowl as due to the action of poison.

The benge can only act if the proper rites and taboos are observed and then it will reveal the future or other hidden things if it has got into the inside of the fowl. The connection with incorporated bad objects is even more patent in the case of witchcraft. ' Azande say that hatred, jealousy, envy, backbiting, slander and so forth go ahead and witchcraft follows after. A man must first hate his enemy and will then bewitch him ' (p. 107). ' Azande say that witchcraft is jealousy ' (p. 111).

Two further quotations shew that witchcraft is closely connected with infantile object-relations and with the anal impulse. 'The curses of an unrelated man can do you no harm but nothing is more dreadful than the curses of father and mother and uncles and aunts (p. 108). 'Men, whose habits are dirty, such as those who defæcate in the gardens of others and urinate in public, or who eat without washing their hands and eat bad food . . . are the kind of people who might well bewitch others (p. 112). Witchcraft is a substance that is seated in the belly' (p. 126). Both witchcraft and medicines are substances that are found in the belly or the stomach (pp. 195, 219). Lesbian practices are associated with witchcraft (p. 56). In European folklore the witch has frequently symbolic male attributes. Evans Pritchard has certainly given us one of the standard books of modern anthropology.

Géza Róheim.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
EDWARD GLOVER, GENERAL SECRETARY

CLINIC REPORTS

On this occasion the practice of publishing detailed statistical records has been discontinued. The details for any one year are of little scientific interest. Any member wishing further information should apply to the Secretary of the particular Institute concerned. One item of general interest may be recorded here. For some years the members of the Indian Institute have felt the urgent need for a Clinic, more particularly to support their training activities. At the end of the year it was finally resolved to organize one, and at present the draft rules of this projected Clinic are under consideration.

BUDAPEST

During the year, Dr. Hollós and Dr. Hermann retired from the active staff. Dr. Hollós was appointed an Honorary Physician. The case records are at the same level as the previous year. The number of consultations was 100. Cases under regular treatment number 52. There are 78 cases on the waiting list.

CHICAGO

Statistically regarded, the work of this Institute reached the same level as the previous years. A Five Years' Report has been published, including the clinical year 1937. During these five years, 745 persons came for consultation, and 226 were given psycho-analytic treatment. Completed cases numbered 86, and at the end of the period 69 were in active analysis. The clinical researches of this Institute are, as before, both extensively and intensively organized. A good deal of team-work is concentrated on such subjects as gastro-intestinal disturbances, respiratory dysfunction (e.g. bronchial asthma) and cardio-vascular abnormalities (particularly hypertension). It is also proposed to investigate the relation of psychological processes to endocrine functions. The theoretical approach to material gathered in course of research is described as *vector analysis*. The new child department inaugurated in October 1936 has so far confined its attention to children suffering from asthma. The most interesting feature of the therapeutic records is that the best results are obtained in organ neuroses. Character disturbances come second, and psycho-neuroses third.

LONDON

Apart from the publication of a Ten Years' Report compiled by the former Director (Dr. Ernest Jones), there is little new to record about

Zusammenkunft

im kleinen Sitzungssaal der Wiener Psychoanalytischen Vereinigung am 20.März 1938 3 Uhr nachmittags.

Es sind erschienen der von der NSDAP eingesetzte Kommissär Herr Dr. Anton S a u e r w a l d ,
Herr Dr. Ernest Jones, als Präsident der Internat.Psychoanalytischen Vereinigung,
Frau Marie Prinzessin von Griechenland, als Vice Präsidentin der Intern. Psychoanalytischen Vereinigung,
Fräulein Anna Freud, als Vice Präsidentin der Internationalen Psychoanalytischen Vereinigung und als Obmann Stellvertreter der Wiener Psychoanalytischen Vereinigung,
Herr Dr. Carl Müller - Braunschweig, als Schriftführer der Deutschen Psa Gesellschaft und als Mitglied des Verwaltungsrat des Deutschen Institutes für Psychologische Forschung und Psychotherapie, Berlin, in beratender Funktion zu seiner Unterstützung von Herrn Dr. C.Müller Braunschweig
Herr August B e r a n e k , Berlin,
Von der Wiener Psychoanalytischen Vereinigung der Obmann Stellvertreter Herr Dr. Paul F e d e r n ,
als Mitglied des Vorstandes Dr. Eduard Hitschmann, Dr. Edw.Bibring, Dr. H.Hartmann, Dr. E.Kris, Dr.Robert Wälder, Dr.W.Hoffer, von Internationalen Psychoanalytischen Verlag Frau Berta Steiner, Herr Dr. Martin J.Freud.

Nach längerer Beratung einigen sich die versammelten Vorstandsmitglieder der Internationalen Psychoanalytischen Vereinigung auf folgenden Vorschlag :
Der Obmann der Wiener Psychoanalytischen Vereinigung Herr Prof.Dr. Sigm. Freud möge Herrn Dr. Carl Müller -Braunschweig als Vertreter der Deutschen Psychoanalytischen Gesellschaft ersuchen, dass diese Gesellschaft als Treuhänderin die Rechten und Pflichten der Wiener Psychoanalytischen Vereinigung und gleichzeitig auch das Vermögen übernehmen möge.
Herr Prof.Dr. Sigm.Freud nimmt diesen Vorschlag an. Herr Dr. Müller-Braunschweig erklärt nach interurban telephonischer Rücksprache mit Herrn Prof.Dr. Goering, dass die Deutsche Psychoanalytische Gesellschaft bereit sei die Treuhänderrolle zu übernehmen.
Die im Protokoll genannten persönlich anwesenden Mitglieder und Vorstandsmitglieder der Wiener Psychoanalytischen Vereinigung nehmen den Sachverhalt zustimmend zur Kenntnis.

Wien, am 20.März 1938.

Ernest Jones.
Marie Prinzessin von Griechenland
Anna Freud
Martin Freud
Berta Steiner
Eduard Hitschmann
R. Wälder
Heinz Hartmann

the London Clinic. The attendances for consultation (71) were at the same level as the previous years. Six of these were children. The waiting list, despite extensive pruning, is still a lengthy one (117—93 adults and 24 children). The number of cases under daily treatment varied between 50 and 60. The outstanding features of the Ten Years' Report were, first, that the statistics of fully treated cases were too slender to permit of any important conclusions being drawn; and, second, that the number of scientific papers read or published by members of the Institute was on the whole satisfactory.

PALESTINE

The work of this Ambulatorium is under the direction of Dr. Eitingon, assisted by Dr. Brandt, Dr. Dreyfus and Dr. Gumbel. During the year there were 36 cases in active treatment. The statistical results shewed roughly the same distribution as formerly.

VIENNA

During the year the work of the Ambulatorium proceeded along the usual lines. The number of consultations (adults) total 141; 68 of these were recommended treatment, 39 received treatment, and 37 were put on the waiting list. The remainder were treated in an advisory capacity. The total number under treatment at the end of the year was 45. The child department continued its usual activities; 30 cases were under analysis. The guidance department was as usual fully occupied.